

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

TO: (Name and address) _____ DATE: _____

PHONE _____
FAX _____

Applicant/Participant Name: _____ Social Security # _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,
Brenda Bedell
Housing Manager, COS

RETURN THIS FORM TO:

The Way Home LLLP
5480 Kirkwood Blvd. SW Suite 100
Cedar Rapids, Iowa 52404
Ph. 319 363-3985 Fax 319 363-1021

OFFICE USE ONLY – DO NOT WRITE ABOVE THIS LINE

AUTHORIZATION:

I/We hereby authorize release of any information requested by The Way Home LLLP regarding my/our income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature Date Social Security Number(s)

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TERMS AND CONDITIONS:

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program – Section 42
- HUD Housing Assistance Payments Program – Section 8
- RECD Rental Assistance Program – Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.