

# **AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_  
Property Name: 11 Friend Court, Wenham MA  
Address: \_\_\_\_\_  
\_\_\_\_\_

As managing agents for this Low Income Housing Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information annually for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____	Site Manager
Authorized Signature	Title
Linda Pierce	_____
Printed Name	Date

---

## ***Release by Applicant/Tenant***

I hereby authorize you to furnish all requested information.

_____	_____
Signature	Date
_____	
Print Name	