

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # **Applicant**

Property Name: **Linscott/Emerson Court Apartments**

Address: 20 Columbus Ave

Rochester, NH 013867

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically 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.

Authorized Signature **Property Manager**
Title

Barbara M. Bennett
Print Name Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse/Co-Head of Household	_____ Date
_____ Signature of Other Family over age 18	_____ Date

Verification form enclosed