



## TENANT RELEASE AND CONSENT FORM

The undersigned Tenants/Applicants of Apartment Name Apartments hereby authorize all persons or companies in the categories listed immediately below to release, without liability, any and all information regarding Applicants' employment, income, and/or assets to Apartment Name as agent for the owner of the above-referenced apartment complex, for the purpose of verifying the information on Tenants/Applicants eligibility for participation in the following affordable housing program.

Tenants/Applicants expressly authorize Apt Name/Preservation Partners, its affiliates and agents, to obtain information regarding my income, assets, expenses, and household status for purposes of determining my eligibility for participation in the following affordable housing program:

- **LOW INCOME HOUSING TAX CREDIT PROGRAM – IRC SECTION 42**

Tenants/Applicants also acknowledge that the information obtained will only be used for determining eligibility in said program(s) and will be kept confidential and not released outside of this scope, and consent to its use as set forth herein. Tenants/Applicants also understand and agree that photocopies of this Release and Consent may be used for the purposes stated above.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a Low Income Housing Affordable Housing Program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Support and Alimony Providers
- Educational Institutions
- Bank and other Financial Institutions
- Public Housing Agencies
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Appraisal Districts
- Veterans Administrations
- Retirement Systems
- Utility Providers
- Previous Landlords
- Insurance Carrier

### APPLICANT/TENANT CERTIFICATION

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

_____ Applicant/Tenant Printed Name	_____ Signature	_____ Date
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