



**COMMISSION ON AFFORDABLE HOUSING
APPLICANT/TENANT RELEASE AND CONSENT**

The undersigned without liability, hereby authorizes the release of information regarding the applicant(s)' employment, income and/or assets to PALM BEACH COUNTY COMMISSION ON AFFORDABLE HOUSING, for the purpose of verifying information provided as part of the owner(s)' assistance under the State Housing Initiatives Partnership (SHIP) Program for assistance through its various programs.

It is understood previous and current information regarding the applicant(s) may be needed. Verification and inquires may be requested, but are not limited to the following:

- √ **Personal Identity**
- √ **Employment**
- √ **Income**
- √ **Assets**
- √ **Medical Allowances**
- √ **Child Care Allowances**

This authorization will only be used to obtain information about the applicant(s) pertinent to their eligibility for any of the SHIP Programs.

Information may be solicited from, but not limited to:

- Past and Present Employers
- Previous Landlord(s) *(including Public Housing Agencies)*
- State Unemployment Agencies
- Social Security Administration
- Internal Revenue Service
- Retirement Systems
- Veterans Administration
- Welfare Agencies
- Bank and Other
- Financial Institutions

The applicant(s) understands a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect for one year and one month from the date signed. The applicant(s) have the right to review this file and correct any information proven to be incorrect.

Signature Head of Household

Print Name

Signature Spouse / CO-Applicant

Print Name

Signature Adult Member

Print Name

Signature Adult Member

Print Name

**State of Florida
Palm Beach County**

The foregoing instrument was acknowledged before me this _____ day of _____, 200_, by _____ who is (are) personally known to me or who has produced _____ as identification.

Notary Seal

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Commission No. _____