

ATTACHMENT R-6

AUTHORIZATION TO RELEASE INFORMATION

Date: _____

RE: Applicant _____

Federal regulations require that we verify the program eligibility of all members of families applying for an apartment. To comply with this requirement, your cooperation is needed in supplying any information that may be 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 of such information appears below. Thank you for your assistance.

Sincerely,
New York City Housing Development Corporation
New York City Department of Housing Preservation and Development

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information. I understand that by signing this release form, I am authorizing the New York City Housing Development Corporation, the New York City Department of Housing Preservation and Development and the New York City Department of Investigation to contact my current and previous landlords as well as my current and previous employers to verify the information provided with my application.

Applicant's Name (PRINTED)

Applicant's Social Security Number

Applicant's Signature

Date