MaineHousing
MAINE STATE HOUSING AUTHORITY

AUTHORIZATION TO RELEASE INFORMATION

Head of Household: _____

Applicant For Property Name: _____

I am an applicant for income and rent restricted housing. The information listed below is needed for the purpose of determining my income eligibility for the rent restricted housing.

RELEASE FOR:

Income Tax Return
Pay Stubs
Social Security Awards Letter
Pension Statement
Financial Institutions (Interest and Dividend Statements)

I hereby give my permission to release the information listed above to Maine State Housing Authority for the purpose of verifying my eligibility.

I understand that:

- This information will be kept in strict confidence and used to verify income for eligibility purposes only.
- A photocopy of this authorization is as valid as the original.
- I may revoke all or part of this authorization at any time by notifying Maine State Housing Authority, orally or in writing, except to the extent that prior action has been taken on this authorization.
- Revoking this authorization prior to a determination of eligibility may put my application at risk.
- This authorization will remain valid for 15 months from date of my signature or upon my written revocation of this authorization.

AUTHORIZATION FOR RELEASE OF INFORMATION:

_____	_____	_____
Signature of Head of Household	Printed Name	Date
_____	_____	_____
Signature of Other Adult	Printed Name	Date
_____	_____	_____
Signature of Other Adult	Printed Name	Date
_____	_____	_____
Signature of Other Adult	Printed Name	Date

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