TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**RELEASE AND CONSENT FORM**

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| **I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT** | |
| **Development Name:** | **TDHCA/CMTS Number:** |
| **Contact Name:** | **Contact Title:** |
| **Development Address:** | **Phone:** |
| **Email Address:** | **Fax:** |

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| **II. THIS SECTION TO BE COMPLETED BY APPLICANT** | | |
| **Applicant/Resident Name:** | | |
| I/We       , the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affair’s (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department’s service provider.  **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 childcare 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 TDHCA 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 | Welfare Agencies  State Unemployment Agencies Social Security Administration | Veterans Administrations Retirement Systems  Medical and Child Care Providers Previous Landlords  Insurance Carrier |
| Bank and other Financial Institutions Public Housing Agencies | Utility Providers Appraisal Districts |

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| **III. APPLICANT 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/Resident Printed Name Signature Date    Co-Applicant/Resident Printed Name Signature Date    Other Adult Member Printed Name Signature Date    Other Adult Member Printed Name Signature Date |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF A TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.