

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_  
Social Security Number \_\_\_\_\_

FROM/RETURN TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your prompt response. All information is confidential.  
Please contact \_\_\_\_\_  
at \_\_\_\_\_ if you have any questions.

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY FOSTER CARE PROVIDER**

We provide affordable housing that requires certain stipulations. One element deals with fulltime students, whereas in most cases we cannot rent to a household that is comprised totally of fulltime students. However, there are several exceptions, including if a household member was or still is under the care of a state foster care program. To comply with this requirement, we ask your cooperation in supplying the information requested below.

The above named applicant is currently receiving foster care through the state of \_\_\_\_\_

The above named applicant was, but is no longer receiving foster care through the state of \_\_\_\_\_

The above named applicant has not received foster care from the state of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/ City/State/Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

3<sup>rd</sup> Request \_\_\_\_\_

Fax #: \_\_\_\_\_

Attn: \_\_\_\_\_