

GENERAL RELEASE

Consent for Verification

I have applied for or am receiving housing assistance through NET Housing Partners' Rental Assistance Program. By my signature below, I authorize NET Housing Partners, to obtain any information needed to establish my eligibility for assistance; eligibility for continued assistance; family composition, and eligible deductions. This request for information may be accepted by any financial institution, employer or previous employer, attorney general for child support information, landlord or previous landlord, pharmacy, doctor, hospital, child care provider, creditor, law enforcement agency, utility company, county, state, or federal agency, or any assisted housing program.

*****THIS CONSENT FORM EXPIRES WHEN TENANT'S PARTICIPATION IN PROGRAM ENDS*****

Signature of Head of Household

Date

Social Security #: _____

Date of Birth: _____

Signature of Other Person Age 18 or Older

Date

Social Security #: _____

Date of Birth: _____

Signature of Other Person Age 18 or Older

Date

Social Security #: _____

Date of Birth: _____

Signature of Other Person Age 18 or Older

Date

Social Security #: _____

Date of Birth: _____