



Exhibit D – Applicants’ Authorization to Release Information

All Household Members 18 Years and Older Must Complete This Form

The Undersigned certify the following:

1. I/We understand and agree that HouseKeys, Administrator and/or Program Provider/Agency reserves the right to verify any information included in my/our application file and the supporting documents with my/our employers, financial institutions, government agencies, property managers, credit reporting bureaus, lenders, etc.

To Whom It May Concern:

2. I/we have applied for a program and authorize HouseKeys, Property Manager, Administrator and/or Program Provider/Agency to receive, share, request, verify and review all the information contained in my/our program application file and all my/our documentation.
3. As part of the application process HouseKeys, the Property Management Company, Administrator and/or Program Provider/Agency and their staff may verify all the information contained in my/our program application file and documentation required to determine if I/we meet the all the criteria and program eligibility to participate in this program.
4. I/We authorize you to provide HouseKeys, the Administrator and/or Program Provider/Agency and their staff all information and documentation that they may request. Such information includes, but is not limited to, employment history, income sources, investment accounts, bank account balances, credit history, mortgage information, real estate ownership, rental history verification, and income tax returns, etc. in connection with the my/our application for the program.
5. A copy of this authorization may be accepted as an original.

ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER MUST COMPLETE AND SIGN THIS FORM

Date _____

Print Name _____ Signature _____ SS# _____

Print Name _____ Signature _____ SS# _____

Print Name _____ Signature _____ SS# _____

Print Name _____ Signature _____ SS# _____

Print Name _____ Signature _____ SS# _____

Print Name _____ Signature _____ SS# _____