



# Housing Authority of the County of Tulare

(559) 627-3700



Client # \_\_\_\_\_

**For your convenience, form can be faxed to:**

(559) 733-0169

Below is a signed authorization for release of landlord/rental information necessary for qualifying for a 'lease-in place' preference. Your prompt return of the requested information will be greatly appreciated. This information will be held in confidence and used only for program eligibility purposes.

Signature: \_\_\_\_\_ Or Return Form To: P O Box 791  
*It is not necessary to mail original if the form was faxed to us* Visalia, CA 93279

I authorize the release of information relative to my assets to the Housing Authority of the County of Tulare.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Name of Property Management Company (if applicable): \_\_\_\_\_

Execution Date of Lease/Rental Agreement: \_\_\_\_\_

Outstanding Balance Owing (if none, write 'none') \_\_\_\_\_

Is property located in Tulare County?  Yes  No

As the owner/manager, are you willing to participate in the Section 8 program?  Yes  No

Are you willing to allow your unit to go through a Section 8 inspection?  Yes  No

If inspection is approved, are you willing to enter into a Section 8 Housing Assistance Payment (HAP) Contract?  Yes  No

Are you related to anyone in the household?  Yes  No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

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.

### FOR PHA USE ONLY

Verification	Date	Initials	Actions
3rd Party Written (date faxed/mailed)			<input type="checkbox"/> No Response Date: _____
3rd Party Oral (date called)			Contact Name: _____ Title: _____ Phone: _____ <input type="checkbox"/> No Response Date: _____