



Housing Authority of the County of Tulare

(559) 627-3700



Entity ID: _____

For your convenience, form can be faxed to:

(559) 733-0169

Or, return form to:

(It is not necessary to mail original if the form was faxed to us.)

PO Box 791
Visalia, CA 93279

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. **A copy of the lease MUST be returned with this form.**

Applicant to Complete:

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

Name: _____ Date of Birth: _____

SS #: _____

Applicant Signature: _____ Date: _____

Landlord to Complete:

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 Housing Choice Voucher (HCV) program? Yes No

Are you willing to allow your unit to go through an HCV inspection? Yes No

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

Are you related to anyone in the household? Yes No

Date: _____ Landlord 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.