



**Ithaca Neighborhood
HOUSING SERVICES**

Authorization for release of information

I, _____, Consent to allow

Ithaca Neighborhood Housing Services to request and obtain income, assets, credit, schooling, and Landlord information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under the Ithaca Neighborhood Housing Services Rental Program. I understand that housing authorities that receive income information under this consent form cannot use it to deny, refuse, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these determinations.

I have read this document, and understand, and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment operated by Ithaca Neighborhood Housing Services.

In conjunction with our application for renewal of a lease, I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application or in termination of my lease agreement."

"By execution of this application, I hereby authorize **Ithaca Neighborhood Housing Services** to make such investigation into my credit, employment, rental, and criminal history per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information to you."

Signature:

Print Name

Date

____ - ____ - ____

Social Security Number

