

Verification of Rent

TO: _____

From: Foxfire at Valley Lakes Apartments
 2121 Kyra Drive
 Lafayette, IN 47909
 T: 765-447-2121
 F: 765-447-8787

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

DATE: _____ Name: _____ Address: _____

I hereby authorize release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would required the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

 Applicant/Resident Signature Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant has consented to this release of information as shown below.

Information Being Requested

Address of apartment/house rented: _____

Is resident receiving subsidized housing assistance? Yes No

Move-in Date: _____ Move-out Date: _____

Amount of Rent: _____ Number of late payments: _____

Number of NSF: _____ Is the account satisfactory: Yes No

Housekeeping: Excellent Good Poor

If Poor, please explain: _____

Any lease violations: Yes No

If yes, explain: _____

Eligible for re-rental? Yes No

If no, please explain: _____

Penalties for misusing this consent:
 *Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

 Name and Title of Person Supplying this information

 Firm / Organization

 Signature

 Date

