

Unit #: _____

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider. Further, I/we consent to the release of wage matching data to the Rural Housing Service (RHS) and the property owner.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

_____ Signature of Applicant/Resident	_____ Printed Applicant/Resident Name	_____ Date
_____ Signature of CO/Applicant Resident	_____ Printed Co/Applicant/Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Apartment Community Name	_____ Contact	_____ Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



NOTIFICATION TO APPLICANT/TENANT ON
IMPLEMENTATION OF WAGE/BENEFIT MATCHING

In addition to direct verification of all income coming into the household, Rural Development will verify income of each adult applicant or tenant with the Wisconsin Department of Workforce Development (DWD).

The goal of the system is to prevent the potential for fraud, waste, and abuse of Federal benefits. This notice is to inform you about the program and how it may affect you.

Since April 20, 1995, Rural Development has had the capability to review wage and benefit information from the DWD for comparison with information provided on your most current income statement(s). This information will be compared against the income statement(s) provided by you and adult members of your household.

Rural Development assumes that income statements are completed as accurately as possible, although errors do occur. There are also those who report erroneous or incomplete information in order to qualify for Federal benefits.

Should a review of DWD data reveal a discrepancy, contact with you will normally be made to solicit added information to account for discrepancies or to correct errors. The intent of Rural Development is not to harass you, but merely to resolve discrepancies and/or errors as early as possible. The agency may also look at your past certifications in an attempt to recover any improper assistance which may have been delivered in past years.

When unauthorized assistance has been granted, Rural Development must make an attempt to collect from you the sum which is determined to be unauthorized, regardless of the amount. The reimbursement may be collected by a lump sum, in a monthly amount added to your scheduled payment, or serviced as an unauthorized assistance account.

If you have any further questions, contact the Rural Development office that services your area.

Information Release Authorization Statement

“I authorize Rural Development to release any information regarding my employment, wages/earnings, and unemployment claims/benefits that they have obtained from the State of Wisconsin Department of Workforce Development (DWD) to any and/or manager of a rental unit which I am currently renting/leasing or for which I have completed a rental contract/lease agreement application.”

Name (print)

Social Security Number

Street Address (print)

City, State and Zip Code (print)

Signature

Date

SAWYER COUNTY NONPROFIT
HOUSING DEVELOPMENT, INC.
P.O. Box 331
Hayward, WI 54843
(715) 634-3861

VERIFICATION OF DISABILITY/HANDICAPPED STATUS

TO: _____

I would like the requested information concerning my handicap/disability to be furnished to Nancy Mercer, Executive director, Galaxie Apartments as part of my certification to rent.

Signature _____ *Date*

This is to certify that in my opinion _____
is _____ is not _____ disabled to such an extent that the following applies to his/her
condition:

“Inability to engage in any substantial gainful activity by reason of any medically
determinable physical or mental impairment which can be expected to last for a continuous
period or not less than 12 months.”

Disability began about _____ nature of disability _____

OR

Is _____ is not _____ handicapped and whose physical and mental impairment is
expected to be of long-continued and indefinite duration, substantially impeded his or her
ability to live independently, and is of such a nature that such disability could improve by more
suitable housing conditions.”

Handicap began about _____ nature of handicap _____

Evaluator/Diagnostician name & title _____

Evaluator/Diagnostician *signature* _____

*WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of
misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.*