



**Housing Authority of the City of Santa Rosa
Homeownership Program**

AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorizes the City of Santa Rosa to verify all information with any source to obtain credit, employment, and income information, (including information of a confidential or privileged nature) for the purposes of processing the Income Certification Application dated ____.

BY ATTACHING THIS RELEASE FORM, OR A COPY OF THE SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the City of Santa Rosa.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF APPLICANT