

Verification of Eligibility – Affordable Housing Program

TO: (Name and Address of Housing Support Division)

FROM: (Name & Address of Owner/Management Agent)

RE: _____
 Applicant/Tenant Full Name

Email: _____

Contact: _____ at () _____

 Unit Number (Optional)

Thank you for your prompt response. All information is confidential.

PERMISSION FOR RELEASE OF INFORMATION

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

 Signature of Applicant/Tenant

 Date

THIS SECTION TO BE COMPLETED BY HOUSING SUPPORT & SERVICES DIVISION

MN-DHS Housing Supports and Services Division, please fill in all blanks.

Does the above Applicant/Tenant receive benefits under one of these two income-based Housing Programs outlined below? Yes No

If Yes, what type of benefit program does s/he participate in?

Housing Support and/or **Minnesota Supplemental Aid (MSA Housing Assistance)**

Effective date of benefits: _____

Additional remarks: _____

Housing Support and Services Provider:

Print Your Name:		Title:
Signature:		Date:
Telephone #:	Fax #:	Email:

