

Tenant Authorization Form

I understand that the property in which I am entering a lease has restrictions related to the property receiving a property tax benefit from the City of Detroit, which limit the rent that can be charged and stipulate that restricted units may only be offered to tenants whose household income falls within restricted limits at the time the lease is entered.

I consent/authorize, and allow landlord or developer to release my information (name, address, income information, household size, rent, etc.) solely for the purpose of verifying that rental restrictions are met through audit by National Consulting Services (hereafter referred to as NCS).

I authorize and direct my landlord to release to NCS any information or materials needed to complete and verify necessary information from my application for participation, and/or to maintain continued eligibility for residence in below-market rent housing. I understand and agree that this authorization of the information obtained with its use may be reviewed by entities such as City of Detroit, (HUD), NCS, etc., in administering and enforcing program rules and policies. Personal Identifying information will not be retained by the city of Detroit, but may be retained by NCS as a program facilitator for the City of Detroit. I furthermore consent to the release of information from my file about rental history, personal identifying information to NCS, or program facilitators. This includes but not limited to records on my payment history, household composition, income, lease, unit information, information (name, address, income information, household size, rent, etc.) solely for the purpose of verifying affordability program requirements/standards by the NCS are met due to the property receiving a tax abatement or other municipal subsidy and any violations of my lease or program policies.

By signing below, I am indicating I understand that, depending on program policies, and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity, Family, and Marital Status; Employment, Income, and Assets; Residences, and Rental Activity. I understand that this authorization cannot be used to obtain any information about my household or myself that is not pertinent to my eligibility. I agree that photocopies and facsimiles of this authorization may be used for the purpose of verifying my eligibility.

Project Name/Address

Unit #

Signatures

Tenant

Landlord

Tenant _____	
Tenant _____	
Date _____	Date _____