



Housing Authority of the County of Tulare



Client #: _____

For your convenience, form can be faxed to:

559-738-8928

Below is a signed authorization for release of landlord/rental information necessary for qualifying for a 'lease-in place' preference. Your prompt return of the requested information will be greatly appreciated. This information will be held in confidence and used only for program eligibility purposes. **A copy of the lease MUST be returned with this form.**

Or Return Form To:
*It is not necessary to
mail original if the
form was faxed to us.*

PO Box 791
Visalia CA 93279

Name: _____ Date of Birth: _____

SS#: _____

Signature: _____ Date: _____

Address of Rental Property: _____

Name of Property Owner: _____

Name of Property Management Company (if applicable): _____

Execution Date of Lease/Rental Agreement: _____

Outstanding Balance Owing (if none, write 'none') _____

Is property located in Tulare County? Yes No

As the owner/manager, are you willing to participate in the Section 8 program? Yes No

Are you willing to allow your unit to go through a Section 8 inspection? Yes No

If inspection is approved, are you willing to enter into a
Section 8 Housing Assistance Payment (HAP) Contract? Yes No

Are you related to anyone in the household? Yes No

Date: _____

Signature: _____

Phone #: _____

Title: _____

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