

Delaware Housing Assistance Program:

Tenant Authorization of Release of Information

By signing this Release of Information, I hereby consent to (Property Owner or Manager) sharing the forms and information I have provided with the Delaware State Housing Authority (DSHA) for the purposes of applying for rental assistance through the Delaware Housing Assistance Program (DE HAP) and to DSHA sharing this information for the purpose of application and eligibility verification. I consent to and hold harmless Delaware State Housing Authority for any use of my information in furtherance of this purpose. This includes:

- 1) Photo ID for each adult member of my household
- 2) Employment Verification
 - a. Documentation of COVID-19-related impact on my employment or income
 - b. Self-Employment Verification Form (if applicable)
 - c. Employer Verification Form (if applicable)
- 3) Income Verification
 - a. Income Self-Certification Form
 - b. Supporting documents as required by the program (bank statements, pay stubs, or other documents I have provided to the property owner or manager for this purpose)

This information will be used for the purposes of determining eligibility for the Delaware Housing Assistance Program, which, if I am eligible, will make payment towards my rent directly to the property owner or manager on my behalf.

I understand that:

- Signing this release form does not guarantee that I will receive rental assistance.
- If I do not sign this form, the property owner or manager may not provide this information for purposes of applying for rental assistance on my behalf. The application cannot be reviewed or processed without this information.
- This authorization shall remain in effect from the date of my signature below.
- I may revoke this authorization at any time by providing 7 days' notice to Delaware State Housing Authority at 18 The Green, Dover, DE 19901, ATTN: DE HAP. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before 7 days after DSHA's receipt of the written revocation.

Printed Name

Signature

(electronic signature acceptable)

Date