

**STUDENT STATUS AND FINANCIAL ASSISTANCE**

Date: \_\_\_\_\_

Property Name: Dogwood Terrace Apartments, P. O. Box 536, Big Stone Gap, VA 24219

Telephone: (276) 523-4788 Extension 100

Fax: (276) 523-5141

TO:

Name of Educational Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Resident/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student I.D.# \_\_\_\_\_

**HOUSEHOLD MEMBER RELEASE**

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR BOND COMPANY IS LEFT BLANK.

RELEASE: I hereby authorize the release of the 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 attached to a copy of this consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The person named above has applied for housing or housing assistance under a program regulated by HUD, Rural Development, a State Agency or the IRS. These Agencies require the housing provider to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page (via fax or mail) to assure timely processing or the application for housing. The applicant/resident has consented to the release of this information as shown above. **PLEASE RETURN WITHIN 3 DAYS!**