

## AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_  
 Property Name: Mason Wright Senior Living  
 Address: 74 Walnut St  
Springfield, MA 01105

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Ejean Drumm Moore \_\_\_\_\_ Executive Director \_\_\_\_\_  
 Authorized Signature Title  
Ejean Drumm Moore \_\_\_\_\_  
 Print Name Date

### *Release by Applicant/Tenant*

I hereby authorize you to furnish all requested information.

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

*Verification form is attached.*