

PARKSIDE HOMES

Menard County Housing Authority, as Management Agent
101 W. Sheridan Rd.
Petersburg, IL. 62675
(217) 632-7889



AUTHORIZATION FOR RELEASE OF INFORMATION TO CERTIFY STATUS

Dear _____:

I _____ (applicant) SSN ____ - ____ - ____ have applied for housing at **Parkside Homes** and have indicated that I or a member of my family are eligible for a housing preference status given the following circumstances:

State Preferences

- _____ Displaced from an urban renewal area;
- _____ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the housing I lived in.
- _____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

Development Preference

- _____ Preference for working families;
- _____ Preference for elderly or disabled single persons over other single persons

In order to determine the preference status for _____ (applicant), we are required to verify the preference. Therefore, we would appreciate your completing the certification portion of the form below and return the form to us in the enclosed envelope. The information provided will be used solely for the purpose of determining the preference for this applicant.

If you feel you qualify and are eligible for a preference status you will be required to provide a certification from as third party professional that the condition under which you believe you qualify exists

Page #2
Release of Information



I _____, hereby authorize the release of information for purposes of verifying my Preference Status.

Signature of Applicant

Date

To be completed by employer:

Certifying Party:

I _____ hereby certify that _____ applicant currently meets one or more of the preference categories as cited above.

Firm or Agency Certifying:

Name: _____

Address: _____

City/State: _____

Zip _____

Phone: _____

Signature

Title

Date