



Wilmington Senior Real Estate Tax Assistance Program (WSRETAP)

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____ am/are applying to the Delaware State Housing Authority ("DSHA") for assistance through the Wilmington Senior Real Estate Tax Assistance Program ("WSRETAP"). I understand that DSHA, its employees and agents, and/or the below named Agency will be checking my city obligations, verifying property ownership, verifying income, and other any other information required to determine my eligibility for WSRETAP assistance.

I hereby authorize DSHA and/or the below named Agency to verify my income, residency information, outstanding City of Wilmington Real Estate Taxes, Water and/or Sewer bills, and other personal and financial information. This shall include my (our) most recently filed Federal and State tax return.

I hereby authorize any other private company, for-profit or non-profit organizations and government agency or any other person or entity to discuss and disclose such information to DSHA and/or the below named Agency.

I authorize the release of the above-mentioned information by any means possible, including but not limited to phone discussions, mail, facsimile, e-mail or any other electronic means. Information in writing should be sent to the Delaware State Housing Authority, Housing Finance Division, 820 N. French Street, 10th Floor, Wilmington, DE 19801.

I understand that this authorization will be used in connection with my assistance application.

Property Address: _____

Please note that this authorization will remain effective until a written revocation is received, signed by all applicants listed.

A photocopy of this document shall also serve as an Authorization to provide the information requested.

Applicant Signature

Social Security No.

Date

Applicant Signature

Social Security No.

Date

DSHA Approved Agency

Agent Contact Name: _____