



**AFFORDABLE  
HOUSING  
DEVELOPERS**

## GENERAL AUTHORIZATION AND RELEASE OF INFORMATION

Please PRINT complete Legal Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden/Former Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Social Security # XXX-XX- \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Affordable Housing Developers, Inc. and RentGrow, Inc. to investigate and obtain information concerning my criminal history, residential history, employment and income history, bank and credit history, medical debt and/or any other information needed for the purpose of certifying or recertifying my eligibility to receive assistance from Federally Subsidized Housing Programs. The source of information may come from, but is not limited to: Credit Bureaus, banks and other depository institutions, current and former employers, medical facilities, federal or state records including State Employment Security Agency records, county or state criminal records, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period not to exceed one (1) year, allowed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Third Party Verifier: The applicable section of the attached verification form is indicated for your convenience. If remitting the requested information via printout or any other scanned or faxed medium(s), please sign and date them.*

*Thank you for your time!  
Affordable Housing Developers, Inc.*

**Affordable Housing Developers, Inc.**  
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**Phone:** 701-483-4545  
**Fax:** 701-483-4433  
**ND Relay TTY:** 1-800-366-688



*This institution is an equal opportunity provider*