

IFCA

AUTHORIZATION

I/We Do Hereby Authorize IFCA and its staff or authorized representative to contact any agencies, local police departments, offices groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by IFCA.

SIGNATURE(S):

TENANT/APPLICANT

CO-TENANT/APPLICANT

DATED _____

DATED _____