



RELEASE OF THIRD PARTY VERIFICATION

RE: _____
Please print disabled household member's name

DATE: _____

I hereby authorize _____
Please print third party verifier's full name

to consult with representatives of the District of Columbia Housing Authority, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert qualify the applicant named above as a person with a disability and to provide any information that the agency requests concerning the impairment(s) and the patient's housing needs.

Signature (Disabled Household Member/Affected Family Member/Parent/Legal Guardian)

PLEASE PRINT

Third Party Verifier's Name _____

Third Party Verifier's Address _____

Third Party Verifier's Phone _____

Third Party Verifier's Fax _____