Trust Use Only	❑ Sent _____
	❑ Received _____

Household Number: _____

Authorization for Release of Information

District of Columbia Housing Authority

D.C. Opportunity Scholarship Program

Once you have completed this form, it will be submitted to the D.C. Housing Authority (DCHA) on your behalf. Your most recent recertification will be sent directly to the Trust.

While this release form is designed to assist with obtaining necessary information, completing this form does not guarantee the information will be received by the Trust in a complete and timely manner. Delays sometime occur receiving the requested information from DCHA. If you receive notification that the information has not been provided, you should follow-up directly with the DCHA to obtain the necessary information.

ATTENTION:
Mashanda Mosley
Office of the General Counsel
District of Columbia Housing Authority
1133 North Capitol Street, NE
Washington, DC 20001
Fax: 202.535.2521

The person listed below is applying and/or renewing their D.C. Opportunity Scholarship. In order to prove eligibility, they need to provide their most recent rent determination letter with DCHA. Please fax a print-out to 202.478.0991 of this person's **most recent rent determination letter** stating:

1. **Their current address**
2. **Their monthly rent amount and subsidized amount paid by DCHA**

Program (check one): ❑ Housing Choice Voucher Program (HCVP) ❑ Public Housing

Head of Household Name (Leaseholder) _____

OSP Parent/Guardian Name _____

Social Security Number _____ **Telephone** _____

Address _____

Certification

You are hereby requested and authorized to furnish the DC Children and Youth Investment Trust Corporation any information in my official tenant file, and to permit the examination of, copying and/or reproduction or otherwise, by the this organization of all or any portions desired by them of my file.

I also authorize you to furnish any other oral and written reports relevant to my case and in your custody, as the DC Children and Youth Investment Trust Corporation may request.

_____	_____	_____
Signature	DCHA Head of Household Name *(Print)*	Date