Housing Authority

SCREENING COVER LETTER

	Date:	
	RE: Name: _	
	Address:	
Dear Sir/Madam:	_	
applying for admission to our deve cooperation in supplying the infor	elopments. To comply rmation on the histor termining whether the	rmation about all members of families y with this requirement, we ask your y of the family listed above. This family can be accepted for admission. this information to us.
Your prompt return of this letter enclosed. If you have any of		A self-addressed return envelope is l (phone number)
Sincerely yours,		
Signature		Date
Title		
TENANT/APPLICANT RELEAS	E	
Ι,	_, hereby authorize the	release of the requested information.
Signature		Date