

AUTHORIZATION

I/We do hereby authorize Progressive Management of NY Corp. and its staff of authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or material which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by Progressive Management of NY Corp.

Development: _____ **Log #/Appl. #** _____

Print Name _____

Applicant' Signature Social Security DOB Date

Print Name _____

Co- Applicant 'Signature Social Security DOB Date

Current Address: _____

Other member(s) of the household over the age of 17:

Print Name Relationship to Applicant

Signature Date

Print Name Relationship to Applicant

Signature Date

Print Name Relationship to Applicant

Signature Date