



**82 Lincoln Street
Newton Highlands, Massachusetts 02461**

Telephone: (617) 552-5501
Fax: (617) 964-8387
TDD: (617) 332-3802

**Amy Zarechian
Executive Director**

Release and Authorization

I, _____, of _____
(Name of Applicant/Tenant) (Address)

Hereby authorize:

Name: Newton Housing Authority

Address: 82 Lincoln Street, Newton Highlands, MA 02461

Relationship to Applicant/tenant: Landlord

To discuss any and all matters with _____
(Full Name of Individual or Agency)

who can be reached at _____,
(Phone, Fax, and Mailing Address)

its agents, servants or employees which they may wish to discuss regarding any matters that are related to my housing. I further authorize the aforesaid to provide the Newton Housing Authority, its agents, servants, or employees with copies of any and all documents, which refer to me, which may be requested by the Newton Housing Authority through its representatives.

I hereby waive any and all claims, confidentiality and request that the above named cooperate with the Newton Housing Authority to provide the information requested.

Signature of Tenant/Applicant _____ Date _____

Signature of Witness _____ Date _____