

**KANSAS DEPARTMENT OF REVENUE  
AUTHORIZATION AND RELEASE**

**1. TENANT INFORMATION**

Please provide the name and social security number of all household members who have income during calendar year CY 2019. Any individual who is listed on this form must sign and date this form in Section 2 below.

Tenant's Name				Tenant's SSN
Address	City	State	Zip Code	Area Code & Phone Number

**2. TENANT GRANT OF AUTHORIZATION AND RELEASE**

I hereby authorize the Kansas Housing Resources Corporation to contact the Kansas Department of Revenue for the specific purpose of verifying my CY 2019 federal adjusted gross income amount. I further authorize the Secretary of the Kansas Department of Revenue or the Secretary's designee to provide to the Kansas Housing Resources Corporation my CY 2019 federal adjusted gross income amount, as necessary, for the purpose of verifying my income. I specifically acknowledge that this Authorization and Release will allow the Kansas Department of Revenue to release my CY 2019 federal adjusted gross income amount for the sole purpose of income verification. I further acknowledge that by signing this form, I am waiving the confidentiality as to my CY 2019 federal adjusted gross income amount for the specific purpose of the income verification required by the Kansas Housing Resources Corporation. This Authorization and Release shall expire on December 31, 2020 at midnight.

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Household Member's Signature and Date