



15 E. 16<sup>th</sup> Street  
 P.O. Box 12  
 Tifton, GA 31794

Housing Services Division  
 Phone (229) 382-5434  
 Fax (229) 382-1327

### Information Data Sheet

In order to complete an application for low-income housing with the Tifton Housing Authority (THA), the applicant and each adult household member 18 years of age and older, must sign this authorization form which gives the THA permission to conduct a formal CREDIT CHECK, to verify your INCOME, to obtain past and present LANDLORD(S) VERIFICATION, and to request reports from law enforcement agencies of any past or present CRIMINAL ACTIVITY.

By signing this authorization, the applicant/adult family members 18 and older gives permission for the above listed information to be released to the Housing Authority of the City of Tifton.

_____ Applicant		_____ Social Security Number	_____ Birth Date
_____ Current Street Address		_____ P.O. Box	
_____ City	_____ State	_____ Zip Code	
_____ Current Phone	_____ Current Cell Phone	_____ E-mail Address	
Check One:    Single    Married    Divorced    Separated			

_____ Co-Applicant		_____ Social Security Number	_____ Birth Date
_____ Current Street Address		_____ P.O. Box	
_____ City	_____ State	_____ Zip Code	
_____ Current Phone	_____ Current Cell Phone	_____ E-mail Address	
Check One:    Single    Married    Divorced    Separated			

\_\_\_\_\_  
Signature of Applicant/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant 18 years or older

\_\_\_\_\_  
Date