

Vermont
State
Housing
Authority



www.vsha.org
Please Reply To:

Central Office:

- One Prospect Street
Montpelier
VT 05602-3556
802/828-3295 (Voice)
800/798-3118 (TTY)
800/820-5119 (Messages)
802/828-3248 (Fax)

Regional Offices:

- Hillcrest Views
Management Office
1 Clyde Allen Drive, B7
St. Albans VT 05478
802/527-1071 (Voice)
802/524-0301 (Fax)
- Middlebury Commons
Management Office
249 Buttolph Drive
Middlebury VT 05753
802/388-1005 (Voice)
802/388-1719 (Fax)
- Northwoods
Management Office
95 Templeton Avenue
White River Jct. VT
05001
802/295-8883 (Voice)
802/295-8884 (Fax)

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Applicant: _____
(Last) (First) (Middle)

Maiden or Alias: _____

Mailing Address: _____

Street Address: _____

Social Security Number: ____/____/____

Date of Birth: ____/____/____ Phone: _____

RELEASE

I, _____, hereby authorize you to release, report and communicate to Vermont State Housing Authority all of the information in your possession regarding my credit standing, credit report, or credit history.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature: _____ Date _____
(Applicant)

STATE OF VERMONT
COUNTY OF _____, SS.

At _____, Vermont on this ____ day of _____ personally appeared _____ and signed the foregoing instrument and acknowledgement the same to be _____ free act and deed.

Before me, _____
Notary Public

My Commission Expires: _____

Name & Address Information to be sent to:

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602-3556

