



**PA ACCESSIBLE HOUSING PROGRAM APPLICATION  
AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize you to release confidential information regarding me and/or my family members to **SDHP, 717 E. Lancaster Ave., Downingtown, PA 19335**. I understand that any release of information will only be used to determine my eligibility in the SDHP PA Accessible Housing Program.

This form shall be **valid for one year from the date of this authorization**.

Thank you for your cooperation in this matter.

**Signature**

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**Address**

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**Date**

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