Control No.	
-------------	--

## APPLICANT'S DECLARATION OF RESIDENCY AND AUTHORIZATION TO RELEASE INFORMATION

I hereby decla	are that I am "homeless" as defined by the state regulations, and that I am
a resident of _	the City/Town:
(check one)	
	_ from which I was displaced through no fault of my own.
	_ in which I am temporarily housed.
purpose of ob authorities an verify this cer declaration of authorize other	have not declared myself a resident in any other city or town for the taining local resident preference, and I hereby authorize other local housing d nonprofit agencies to release information to the Housing Authority to trification. If my temporary address changes, and I need to change my clocal residency, I will immediately notify the Housing Authority, and I housing authorities and nonprofit agencies to immediately notify the hority of the change.
Signe	d under the pains and penalties of perjury.
Dated:	X
	Signature of Applicant