

AUTHORIZATION CLEARANCE

TO WHOM THIS MAY CONCERN

This certifies that the REQUEST FOR CLEARANCE by the resident of FCruz and Brinas Street on the following:

Homeowner/Tenant _____

Address _____ Contact Number _____

Clearance being sought _____

SIGNATURE _____

Date _____

Requesting Person (Print Name/Sign)

Has been cleared and hereby approved, being a homeowner/tenant of good standing in our FCHA Community.

FCHA OFFICER/DIRECTOR

Seal

Print Name/Position/Sign