

**Release Form for Housing Information**

**Consumer Name:** \_\_\_\_\_

**Consumer Date of Birth:** \_\_\_\_\_

I, \_\_\_\_\_ (consumer name), give my permission for my Case manager, service provider, and state agency staff working on the 811 PRA program to receive information about my 811 Project Rental Assistance including information generated in the eligibility screening process and information about my ongoing tenancy. In addition, I request that a copy of any correspondence be mailed to the applicant as well as to the following address:

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact City, State, and ZIP code: \_\_\_\_\_

The best way to contact this individual is:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This release is valid until I indicate otherwise.

Consumer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature (if applicable – please provide proof of guardianship in addition to this form):

\_\_\_\_\_

Case Manager/Service Provider Signature: \_\_\_\_\_