



Authorization to Use and Disclose Housing Information

Participant Name: _____ DOB: _____

I authorize (*Name of Agency/Advocate*): _____

Phone: _____ E-mail Address: _____

and **Laurel Hill Center Housing Department** to disclose the following:

(Please select each type of information you wish to approve for disclosure)

- | | |
|---|---|
| <input type="checkbox"/> Information about my housing account including rent, pro-rated rent, fees, and security deposit | <input type="checkbox"/> Letters of support and certification of completed programs |
| <input type="checkbox"/> Results of unit inspections | <input type="checkbox"/> Documentation of legal identity |
| <input type="checkbox"/> Copies of warnings | <input type="checkbox"/> Verification of Social Security Number |
| <input type="checkbox"/> Copies of notices | <input type="checkbox"/> Proof of income |
| <input type="checkbox"/> Information about complaints made against me as a tenant | <input type="checkbox"/> Request for Accommodation/Modification |
| <input type="checkbox"/> Information about complaints made by me as a tenant about the property or activities on the property | <input type="checkbox"/> Service/Companion Animal documentation |
| <input type="checkbox"/> Information about incidents that occur at my residence or on the property related to me | <input type="checkbox"/> Other record(s) from my file (You must specify other records): _____ |
| | <input type="checkbox"/> Copies of all housing correspondences to Laurel Hill Center recovery staff |

This release authorizes the entity or individual above to exchange information with, provide information to, and receive information from Laurel Hill Center for the duration my account with the entity or individual above is open for the purpose of housing navigation and to assist with support and services.

I understand that I may choose not to sign this authorization and that my choice not to sign will not affect my ability to receive services. I understand that I can revoke this authorization in writing at any time; however, any such revocation will not apply to any activity previously undertaken based of this authorization. This authorization will remain in effect while I am a tenant and/or my account remains open with the above listed entity, property manager, or individual unless revoked by me in writing.

I have read this authorization and understand it.

Signature of person authorizing release Date

Signature of legal or personal representative Date

Signature of Laurel Hill Center staff Date

Signature of agency staff person making copies that this is a true copy of the original authorization Date