**AUTHORIZATION TO RELEASE INFORMATION FOR STATE-AIDED ELDERLY/HANDICAPPED PUBLIC HOUSING**

It is the goal of the \_\_\_\_\_\_\_\_\_\_\_\_ Housing Authority to work with each resident to assist them with maintaining their tenancy where possible and to provide them with the tools to do so. To that end, we encourage you to fill out the following Authorization to Release Information form so that we can work with you and your designated providers and be considerate of your needs in order to help you to maintain your housing.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Housing Authority to contact me and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my Aging Services Access Point (ASAP) agency/Independent Living Center (ILC) /Case Worker (or other agency - TBD) in the event that the Housing Authority believes that I may be putting my tenancy at risk by virtue of non-payment of rent or other curable lease violation.

This Authorization to Release Information form is executed to permit the Housing Authority to contact my ASAP/ILC and/or Case Worker to ask them to meet with me and to act on my behalf to help me cure any lease violations if they should occur. This Authorization to Release Information form does not permit the ASAP/ILC and/or my Case Worker to provide information to the LHA about my situation, services or care and does not take the place of any standard forms used as part of the housing authority’s reasonable accommodation process.

This Authorization to Release Information in no way obliges me to engage in services, and does not authorize my ASAP/ILC and/or Case Worker to take any action which I oppose. It merely authorizes the Housing Authority to let said ASAP/ILC and/or my Case Worker know if and when my tenancy is at risk, so that said ASAP/ILC or Case Worker can work with me to address the situation, so that it does not deteriorate to the point that the Housing Authority finds it necessary to pursue an eviction.

Pursuant to this Authorization, the Housing Authority is authorized to provide the following information:

1. My name, address, and contact information
2. The name of my designated emergency contact
3. The specifics of the lease violation or other basis for concern about the viability of my tenancy

The Housing Authority agrees to simultaneously forward to me an exact copy of any information that it sends to my designated ASAP/ILC and/or Case Worker.

Unless renewed by the tenant, this Authorization expires after the next annual rent re-determination. In order to keep this Authorization in force, I understand that it must be renewed at every annual rent re-determination.

I further understand that I have a right to revoke this Authorization to Release Information at any time and to have it removed from my file. I also understand that I may change the person or agency to be contacted at any time by revising this written authorization. I do not give my permission to the Housing Authority or service provider or identified ASAP/ILC to share my information with any other person or agency, other than my designated emergency contact person, unless I provide specific instructions to do so.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of Designated Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Case Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Worker Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Worker Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_