Consent to Release or Obtain Information Form

Name: _____ Address: _____ DOB: _____

I hereby authorize Reading Housing Authority to release or obtain **(circle one or both)** information for the purpose of:

- ☐ Initial eligibility for housing program
- ☐ Ongoing eligibility for housing program
- ☐ Client request for resource or service

☐ Other _____

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to determine eligibility for housing and/or social services. This consent is valid for 15 months unless otherwise indicated by client here: _____ (Date Consent Expires).

Please check each box that applies. I understand that I am only giving consent to release information for those options selected below.

- ☐ Current or former employer
- ☐ 3rd-party income verification entity
- ☐ Public welfare agency
- ☐ Domestic relations agency
- ☐ Veterans agency
- ☐ Educational institutions
- ☐ Childcare providers
- ☐ Banking institutions
- ☐ Life insurance carriers
- ☐ Law enforcement or criminal justice agency/database
- ☐ Public utilities
- ☐ Credit reporting agency
- ☐ Current or former landlord
- ☐ Boarder
- ☐ Human service agency: _____

Information pertaining to: _____

_____

☐ Health Care Provider: _____

Information pertaining to: _____

_____

☐ Other: _____

Signature	Print Name	Date
RHA Staff – Signature	RHA Staff – Print	Date