

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 _____