

Loan #: _____	Last 4 Digits of SS# _____	
Client Name: _____		
LAST	FIRST	MIDDLE
Client Address: _____		

RELEASE OF INFORMATION

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize CHOEDC and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.

I UNDERSTAND THAT:

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twenty four months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement.
- If I revoke my authorization, all information about me already in the database will remain.

Client Signature

Date

Co-Client Signature

Date

Counselor Signature

Date