

RRH APPLICATION RELEASE OF INFORMATION

Each adult in household must sign a separate release

Send to demo@wcysb.org



To verify income and housing status, we will need to contact employers and assistance agencies. Please provide a list of the agencies, businesses, and employers and their contact information for whom you authorize your case manager, and grant administrators at VCRHYP and VSHA to communicate with to verify income, assets and housing status. This should include all income and asset sources listed in your housing application. Fill in as much contact information as you have.

I, _____, (Household Member) give consent for the mutual exchange of information between the agencies or individuals listed below and the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), Vermont State Housing Authority (VSHA), and my housing case manager through verbal, electronic or written formats. The purpose of this release is for VCRHYP and VSHA to verify income and housing status, request additional or updated application information, and make a determination of program eligibility and rental assistance levels. The applicant understands that they can terminate this release of information at any time by emailing demo@wcysb.org. This authorization is valid for 15 months from the date signed or until exit from this VCRHYP housing project, whichever is sooner.

Agency/ Business/ Employer	Address and Phone Number	Contact Person

Applicant Signature: _____ Date: _____

Date of Birth: _____ Previous Name or Alias: _____

ADDITIONAL HOUSEHOLD MEMEBER CERTIFICATIONS

These certifications are only for additional adult (18+) household members applying for YHDP RRH with an applicant. Each household member who is 18 or over will need to complete a separate release form.

Check to Consent	Certification
	By checking this box, I certify that the information I reported as part of my household's application is complete and true to the best of my knowledge.
	By checking this box, I certify that I understand that false statements of information are grounds for application denial, termination of housing assistance and/or tenancy, and/or retroactive rent increases.
	By checking this box, I certify that I have been informed of my rights and responsibilities as a participant in the Vermont Coalition of Runaway and Homeless Youth Programs, Youth Homeless Demonstration Program housing project.
	By checking this box, I agree to the certifications above and want to apply to this housing program.

Applicant Signature: _____ Date: _____