

**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: \_\_\_\_\_