

**VCRHYP RAPID REHOUSING PROJECT APPLICATION-RELEASE OF CONFIDENTIAL INFORMATION**

*Each adult in household must sign a separate release*

I, \_\_\_\_\_, (Applicant) give my consent for the mutual exchange of information between the following listed agencies/individuals, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), Vermont State Housing Authority (VSHA), and myself 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. I understand that I can terminate this release of information at any time by emailing demo@wcysb.org. This authorization is valid for one year from date signed or until exit from this VCRHYP housing project, whichever is later.

Agency/ Business/ Employer	Address and Phone Number	Purpose:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Name or Alias: \_\_\_\_\_