

City of Berkeley Housing Retention Program

CONSENT TO RELEASE INFORMATION

The City of Berkeley Housing Retention Program is a collaboration involving several city and community-based agencies. The Program is administered by the *City of Berkeley Housing and Community Services Department*, and includes the following service agencies:

- *Bay Area Community Services*
- *Berkeley Drop-In Center*
- *Berkeley Food & Housing Project*
- *Berkeley Food & Housing Project – Housing Resource Center*
- *Bonita House, Inc.*
- *Building Opportunities for Self Sufficiency*
- *City of Berkeley Aging Services Division*
- *City of Berkeley Housing and Community Services Division*
- *City of Berkeley Mental Health Division*
- *City of Berkeley Public Health Division*
- *East Bay AIDS Center*
- *East Bay Community Law Center*
- *Homeless Action Center*
- *Lifelong Medical Care*
- *Women’s Daytime Drop-In Center*
- *Toolworks, Inc.*
- *YEAH!*
- *Other: _____*

I, *(name of applicant) _____*, authorize *(name of agency) _____*, to release the information contained in this application to the City of Berkeley’s Housing Retention Program in order to verify my eligibility for the program. This may also include any other agency or property management company/property owner who could be helpful in understanding my situation.

Upon approval of my application to the Housing Retention Program, I further authorize the release and sharing of information between the Housing Retention staff, the City of Berkeley Housing Department, and the Housing Retention collaborating agencies for up to a year after receiving a grant from the program. I understand information shared will be necessary and appropriate for administering the rental assistance program provided through the Housing Retention Program, and for coordinating and verifying services on my behalf.

I understand that information that I share will remain confidential, and will only be used for the purposes described above.

I hereby affirm that the information provided in the Housing Retention application is true and complete to the best of my knowledge. I understand that if I provide any false information or misrepresentation during the application process that it will be grounds for denying my application to the Housing Retention Program. I understand in submitting this application I am not guaranteed financial assistance from the City of Berkeley’s Housing Retention Program.

In addition, my signature below acknowledges my understanding and consent to the release of information as described above. I understand that I have the right to revoke this consent in writing at any time, except for information already released, and that unless I decide to revoke it sooner, this consent will terminate one year after receipt of a grant from the program.

If approved, I agree to provide tenancy information to Agency representative every six months up to a year after the date I received eviction prevention assistance.

Applicant’s Name: _____

Applicant’s Signature: _____ Date: _____

Witness/Agency Signature: _____ Date: _____