

**HOME FAMILY HOUSING VOUCHER PROGRAM**  
**CLIENT AUTHORIZATION TO RELEASE INFORMATION**

**Full name:** \_\_\_\_\_ **Social Security #:** XXX-XX- \_\_\_\_ \_

The policy and practice of the HOME Family Housing Voucher Program of the Champlain Valley Office of Economic Opportunity (CVOEO) is to keep all client information strictly confidential.

**I authorize release of the following information:**

**Housing**

- Coordinated Entry Eligibility and Status
- Case Management Active Status
- Housing Plan Progress and Status
- Landlord Information and Rental Standing Status (Rent, lease...)
- Family Unification and Housing Voucher Eligibility and Application Status

**This information is necessary for the following purposes:**

- HOME Family Housing Voucher Program Eligibility
- HOME Family Housing Voucher Program Requirements

I understand that I may cancel this authorization in writing at any time, except for action that has already taken place. I request that a photocopy or electronic version of this authorization be accepted with the same authority as the original.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

HSP's signature \_\_\_\_\_ Date \_\_\_\_\_