

**PRINCE GEORGE'S COUNTY
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

CLIENT INFORMATION AUTHORIZATION

I, _____, acting as the head of household/applicant, hereby authorize the owner/landlord or its agent to exchange any information concerning myself, that of my immediate family, household members and/or other adult and/or minor occupants (collectively "household")'s history, care, treatment, household demographic, housing issues or status, income/financial background, assets or benefits between directors, agencies, and staff to the Prince George's County Department of Housing and Community Development, Department of Social Services, and/or its partners. The purpose of this release is to protect my privacy, help staff make referrals and to help me or my family receive better planning and delivery of services.

I also authorize Prince George's County Department of Housing and Community Development or its agent to exchange any information concerning my and/or my household's history, household demographic, housing issues or status, income/financial background, assets or benefits between directors, agencies, and staff to the Prince George's County Office of the Sheriff, Department of Social Services, Office of Community Relations, and/or its partners, including but not limited to legal aid providers and the District Court of Maryland, to the extent it is needed to postpone or prevent my household's eviction.

I consent to the sharing of my and/or my household's information with my landlord, utility company, or other payee in order to confirm amounts owed and process payment of assistance.

I understand that the aforementioned information will be communicated to other agencies using this computer system in several ways. One of which will include communication through a computer-based online system.

The highest level of security measures is taken to protect the online system. Only authorized personnel will be able to view my and/or my household's personal information.

I understand that the System Administrator, the Prince George's County Department of Social Services, the Office of Housing and Homeless Service, and the Prince George's County Department of Housing and Community Development and/or its partners have personnel authorized to view my and/or my household's personal information.

Basic demographic information and information about services offered is entered into the Service Point Client Profile. The information will be shared with all agencies that participate in the Service Point System in Prince George's County.

This release authorizes a free exchange of information between agencies for a period not exceeding three years in order to give the most complete and thorough services available. I understand that I may revoke this authorization at any time.

Print Name

Signature (*Head of Household/Applicant*)

Date

Signature of parent, guardian, or authorized representative, when required

Date

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If Applicable, additional household members or occupants, 18years old and older, must sign and date below:

Signature (Household Member/Occupant)

Date

Signature (Household Member/Occupant)

Date

Signature (Household Member/Occupant)

Date

Signature (Household Member/Occupant)

Date

I/We understand that my/our records are protected under federal regulations and cannot be disclosed without my written consent or as otherwise permitted by such regulations, and that in any event this consent expires three years from the date of entry or upon my/our departure from further service provider participation.

WARNING: I/We swear or affirm that I/We have read, or had someone read to me/us, this entire application. I/We also swear or affirm under penalty of perjury, that all information I/We have given is true, correct, and complete to the best of my ability. I/We authorize any person, partnership, corporation, association, or governmental agency, which knows the facts about my and/or my/our household's eligibility to release information to the Department. I/We also authorize the Department to contact any person, partnership corporation, association, or governmental agency that has provided proof of my/our and/or my/our household's eligibility for benefits.