**Western MA Network to End Homelessness (WMNEH)**

**Authorization for the Release of Information**

**Massachusetts Fair Information Practices Act (FIPA), G.L. c. 66A**

**Housing Agency Requesting Release of Information**

(Include Name of Contact Person and Full Address of Agency)

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**Purpose**

The Massachusetts Fair Information Practices Act (FIPA), G.L. c. 66A §§ 1 - 3, provides that individuals have a variety of rights when a government agency collects and uses “personal data” regarding the individual in a program. At the same time the law imposes various responsibilities on the agency which collects and uses the personal data.

The Housing Agency (HA) administers WMNEW financial assistance under supervision of the Department of Housing and Community Development (DHCD). Applicants provide personal data about themselves and their household members in order to permit the HA to determine the eligibility of, and the amount of financial need of program applicants.

The HA will enter and maintain applicant personal data in an automated computer data system provided by DHCD. The HA and DHCD will use the computer data base to manage and monitor the program, verify the accuracy of information provided by applicants, generate reports concerning program expenditures and aggregate household characteristics, process financial assistance payments, and to protect the public’s financial interest.

By signing this consent form you are authorizing the HA and DHCD to collect, maintain, and verify the information you have provided. The HA and DHCD may disseminate such information to other government and non-profit agencies as needed to further assist applicant.

**Information Subject to Verification**

Eligible applicants can receive financial assistance for a variety of purposes. Depending on the applicant’s specific request for assistance, the HA will need to verify the accuracy of information provided by the applicant with third party individuals/agencies including: other agencies that provide public assistance to the applicant household; employers, landlords, mortgage lenders; municipal tax assessors offices; auto or home insurance agents; utility companies; and local fuel assistance agencies.

**Your Rights**

The HA and DHCD will keep all applicant personal data confidential, in accordance with FIPA. The personal data will not be used for any purposes other than those specified herein. As an applicant or program participant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.

2. No information may be voluntarily disclosed to any person or agency other than those described above without your consent. If the HA is required to release any applicant personal information to comply with a judicial or administrative order, the HA will immediately give notice to the applicant, unless prohibited by law.

3. You or your authorized representative has a right to inspect and copy any information collected about you.

4. You may ask questions and receive answers from the HA about how it will collect and use your information.

5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the HA holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

**Privacy Notice**

This notice describes the privacy policy of HA. We may amend this policy at any time. We collect personal information directly from you only when appropriate. We may be required to collect some personal information by law or by organizations that give us money to operate this program. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the need of homeless individuals. We only collect information than we consider to be appropriate.

We assume that you agree to allow us to collect information and to use or disclose it as described in this notice. You can inspect personal information about you that we maintain. You can also ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We respond to questions and complaints. Read the full notice for more details. Anyone can have a copy of the full notice upon written request.

**Consent**

I understand that I am authorizing the HA and DHCD to obtain and release necessary information for the purposes noted above. This authorization is valid for a period of one year. I further understand that a photocopy of this authorization is as valid as the original. This authorization must be signed by each household member who is at least 18 years of age.

**Signatures**

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Head of Household Date

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Other Household Member age 18 or older Date

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Other Household Member age 18 or older Date

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Other Household Member age 18 or older Date

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Other Household Member age 18 or older Date

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Staff Signature/Title Date