



Commonwealth of Massachusetts  
DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT

Deval L. Patrick, Governor ♦ Timothy P. Murray, Lt. Governor ♦ Aaron Gornstein, Undersecretary

**Voluntary Authorization to Release Information**

I understand that, in order to apply for or obtain assistance from the Department of Housing and Community Development (DHCD) Division of Housing and Stabilization (DHS) Emergency Assistance (EA) Program, every member of my family over the age of 18 and I must authorize the release of personal information to DHCD and by DHCD to other agencies in order to verify my family's initial and continuing eligibility for benefits.

**Permission for Others to Give Information to DHCD**

I, \_\_\_\_\_ authorize DHCD, to the extent required by law and regulations applicable to DHCD or for the efficient operation and management of DHCD programs, to request, obtain, and retain information about me and my minor family members (including copies of records kept on paper or electronically) from any agency, organization, employer, or individual, and to discuss or correspond about such information orally, on paper, or electronically. Further, in the pursuit of DHCD's programs, I authorize any and all agencies, organizations, employers, or individuals to release any information about me and my minor family members to DHCD.

**Permission for DHCD to Give Information about Me and my Family to Others**

I authorize DHCD, to the extent required by law and regulations, for the efficient operation and management of DHCD programs, or to the extent requested by other government agencies, to obtain information for official government use, to provide any information about myself and my minor family members made available through my involvement in DHCD programs to DHCD contractors and to other government agencies.

I authorize DHCD to provide any information about me and my minor family members made available through my involvement in DHCD programs to academic researchers, regardless of whether such research is conducted in conjunction with a degree-granting institution.

**Applicable Law**

I understand that DHCD will keep any personal information provided or received through this release confidential in accordance with applicable law, including the Fair Information Practices Act (FIPA), Massachusetts General Laws Chapter 66A; and the Massachusetts Data Privacy Act (DPA), Massachusetts General Laws Chapter 93H. I understand that, under FIPA, I have rights concerning certain personal data that is held about me and my family, including my right to have certain personal data made available to me and to object to the collection, maintenance, dissemination, use, accuracy, completeness, timeliness, or relevance of the personal data or type of information held about me and my minor family members.

I acknowledge that I have read and understand this form, that I have received a copy of this form for future reference, and that I understand that a photocopy or digital copy of this authorization is as valid as the original.

\_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant/Recipient Signature**

**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\_\_\_\_\_  
**Additional Adult Family Member Printed Name**      **Additional Adult Family Member Signature**      **SS# last 4**

\_\_\_\_\_  
**Additional Adult Family Member Printed Name**      **Additional Adult Family Member Signature**      **SS# last 4**

I acknowledge that I explained the above document to the applicant/recipient, and witnessed his or her signature.

**WITNESS: Homeless Coordinator Signature:** \_\_\_\_\_

\_\_\_\_\_  
**Homeless Coordinator Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DHCD Office:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_