



THE HOPI TRIBE EMERGENCY RENTAL ASSISTANCE PROGRAM
AUTHORIZATION FOR THE RELEASE OF INFORMATION

Name (Last, First, MI.) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose: By signing this consent form, you are authorizing the ERA Program to request necessary information, including, but not limited to: Identity and Marital status, Income and Assets, Public Assistance, Enrollment verification, Residences and Rental activity. The ERA Program may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits. The ERA Program needs this information to verify your eligibility for emergency rental assistance benefits. You are also authorizing, unless you indicate otherwise, the ERA Program to provide updated address to the Hopi Tribe's Enrollment Office.

Sources of Information: The groups or individuals that may be asked to release the authorized information include, but are not limited to:

- Past/Present Employers Social Security Administration Utility Companies
Current/Prospective Landlords State Unemployment Agencies Landlords/Property Manager
Hopi Tribal Enrollment Office Tribal Courts/Child Support Services Housing Assistance Agencies

Alternate Contact: If you would like another person or agency to communicate directly with the ERA Program on your behalf regarding your application, please provide the following information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I consent to allow the Hopi Tribe Emergency Rental Assistance Program to obtain any information from any Federal, State or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits and/or share information for emergency rent and utility assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

No person may be denied assistance based on race, color, sex, age, religion, national origin, or political belief.