



Massachusetts Department of Housing and Community Development
700 Cambridge Street, Suite 300, Boston, MA 02114

**HomeBASE
Voluntary Authorization to Release Information**

I, _____, hereby authorize any and all agencies, organizations, employers, or individuals to release any information about me and my household as requested by the Department of Housing and Community Development (DHCD) Division of Public Housing and Rental Assistance (DPHRA) and the DHCD Division of Housing and Stabilization (DHS) and the HomeBASE Administering Agencies, to such divisions and agencies in the pursuit of DHCD programs, including but not limited to the HomeBASE Short-Term Transitional Housing Program.

I further hereby authorize the above named parties (i) to the extent required by laws and regulations applicable to DHCD or for the efficient operation and management of DHCD programs, to request and obtain information, including copies of records kept on paper or electronically, of any agency, organization, employer, or individual, and/or to discuss or correspond about such information orally, on paper, or electronically, with any agency, organization, employer, or individual; (ii) to the extent required by laws and regulations applicable to DHCD, 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 such information and any other information about myself and my household made available through my involvement in DHCD programs to DHCD contractors and to other government agencies, subject to applicable rules regarding security and confidentiality; and (iii) to the extent such information is to be utilized for purposes of academic research, to provide such information and any other information about myself and my household 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, pursuant to such guidelines as may be established by DHCD, subject to applicable rules regarding security and confidentiality.

NOTE: DHCD will keep any personal information provided 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, Massachusetts General Laws Chapter 93H. Under FIPA, you have rights concerning certain personal data that is held about you, including your right to have certain personal data made available to you and to object to the collection, maintenance, dissemination, use, accuracy, completeness, timeliness, or relevance of the personal data or type of information held about you.

In signing this authorization to release form you acknowledge that you have read and understand this form, that you agree to the release of information as provided above, that you have received a copy of this form for future reference, and that you understand that a photocopy or digital copy of this authorization is as valid as the original.

Applicant/Recipient

I understand and agree that by signing below I agree to the releases, waivers, and authorizations described above, for so long as my application for benefits from DHCD remains pending, so long as I remain in continuous receipt of DHCD benefits, and one year following the completion of my application or my last receipt of a DHCD benefit, whichever is later.

_____ Last 4 Social Security # _____
Date Signature

Homeless or HomeBASE Coordinator Printed Name: _____

Homeless or HomeBASE Coordinator Signature: _____