



Housing & Redevelopment Authority
of Virginia, Minnesota

Consent to Release Information to Parent, Family Member or Authorized Representative

I, _____ hereby authorize Virginia Housing and Redevelopment Authority
Client's Name

and those acting on its behalf, to release to _____
Family Member or Rep Name *Relationship to Client*

the information or documents listed below, which relate to my housing as an applicant or tenant at the Housing Authority.

Information To Be Released:

- Application status
- Family Composition
- Household Income Information
- Eviction Status
- Employers, past and present
- Identity and marital status
- Social Security number(s) and Date of Birth(s)
- Residence and Rental History
- Medical Expenses
- Educational Expenses

Conditions:

I agree that the photocopies of this authorization may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

Client Signature: _____ Date: _____

