



***Authorization to Obtain and Release Information***

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**Name**

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**Address**

XXX-XX

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**Last Four Digits of Social Security Number**

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**Phone number**

I hereby authorize Metro Housing|Boston, and its staff to release any information, including documentation and all other materials pertinent to eligibility for, or participation in, Housing Consumer Education Center Programs (HCEC) and to other government, social services, housing agencies, property owners and management companies.

I authorize Metro Housing|Boston and its staff to obtain information about me and my family that is pertinent to eligibility for participation in these programs from other agencies, including, but not limited to the Department of Transitional Assistance (DTA), Department of Housing and Community Department (DHCD, and Department of Children and Families (DCF).

\*Release Good for One Year

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**Date**

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**Participant Signature**

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**Date**

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**Participant Signature**

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**Date**

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**Witness**