



Consent and Release Form

I, _____, certify that the information provided by me to Home To Stay is true and accurate to the best of my knowledge and ability. This includes all verbal and written communications and documentation.

I understand that completing documentation for Home To Stay does not guarantee assistance and assistance is determined on a case by case basis.

Home To Stay has my permission to contact and exchange necessary housing related information about me and my household from any agency, local church, landlord, or other entity. I understand information regarding my income, grants, assistance received, or any other information deemed necessary will be collected by Home To Stay to coordinate housing assistance services.

This release of information will expire 1 year after date of signature. If at any time within the year I wish to no longer have my information shared, I understand it is my responsibility to provide written notice to Home To Stay. This release expires on _____.

Date: _____

Signature: _____

Home To Stay Representative: _____