



South Hadley Housing Authority



VETERAN'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize the _____ Housing Authority to contact the Agent located in the Veterans Service Office and/or the SSVF provider in the community in which I reside if my tenancy for my unit is at risk due to rent arrearage or other lease violations. The goal is to preserve my housing through the engagement of the local Veterans Services Officer and/or SSVF provider who can provide assistance and referral for services if appropriate.

I understand that the purpose of this general release is to allow the _____ Housing Authority and the Veterans Service Office and/or the SSVF provider in the community in which I reside to collaborate and support my tenancy and reduce the likelihood of an eviction action.

I further understand that I have a right to revoke this Authorization to Release Information at any time and have it removed from my tenant file. I also understand that I am not required to authorize this information be made available to my local Veterans' Services Officer or the SSVF provider.

Print Name _____

Street Address _____

Town _____

State and Zip Code _____

Phone _____

Email Address _____

