

Hardy's Home Investors (HHI)

Veteran Room & Board Services

713-557-0781

Purpose

This consent form authorizes Hardy's Home Investors (HHI) to collect, use, and share your personal and housing-related information with partner agencies to support housing stability, subsidies (e.g., HUD-VASH), benefits navigation, and wraparound services.

What you are consenting to

- HH I may collect and verify personal data including name, date of birth, address, contact information, income, benefits, medical/behavioral health information, housing status, lease details, and voucher/eligibility information.
- HH I may share your information with:
 - Landlords and property owners involved in your housing placement
 - VA, HUD, local housing authorities, and HUD-funded programs (e.g., HUD-VASH)
 - Local shelters, veteran service organizations, and partner service providers (case management, transportation and utilities providers)
 - Government agencies and funders as required by program guidelines
- The information may be shared electronically (secure portal, encrypted email) or via secure physical/document transfer as needed.
- The purpose of sharing is to assess eligibility, secure housing, coordinate subsidies, ensure timely payments, and provide comprehensive support services.
- Data retained: HH I will retain records for the duration of your program involvement and for a period required by law or program guidelines.

What information may be shared

- Identifying information: name, date of birth, contact details, government-issued ID
- Housing information: lease, occupancy status, unit type, landlord contact
- Financial information: income, benefits, subsidies, voucher numbers, payment amounts
- Benefit/health information: VA benefits, health/mental health services, medications (as needed for care coordination)
- Consent to release: records related to eligibility determinations, case notes, and service plan updates

Your rights

- You may refuse to sign this consent. Refusal will not affect your eligibility for HHI services unless required by a specific funding program.
- You may revoke this consent at any time, in writing, except to the extent that HHI has already relied on this consent for disclosure. If revoked, HHI may no longer share information for new disclosures but may continue to use/disclose information as permitted by law for ongoing services.
- You have the right to inspect or obtain copies of your records disclosed by HHI and request corrections if you believe information is inaccurate.
- You may request limits on the scope of disclosures (what is shared, with whom) unless HHI is required to disclose information to meet program requirements.

Data security and privacy

- HHI will protect your data with reasonable administrative, physical, and technical safeguards. This may include secure portals, encrypted communications, password-protected documents, and access controls.
- Information will be shared only with individuals or organizations that have a legitimate need to know to support your housing and services.

- You will be informed of material changes to data-sharing practices or recipient lists.

Duration

- This consent remains in effect for the duration of your participation with Hardy's Home Investors and for as long as required by program guidelines or applicable law.
- You may request a copy of this consent form and a list of entities with which your information has been shared.

Authority to sign

- By signing below, you authorize Hardy's Home Investors to collect, use, and share your information as described above.

Signatures

- Veteran/Client Name (print): _____
- Veteran/Client Signature: _____ Date: __/__/__
- Legal Representative or Guardian (if applicable; print): _____
- Signature: _____ Date: __/__/__
- Hardy's Home Investors Representatives: Reginald Hardy Sr. / Jr., Owners
- Signature: _____ Date: __/__/__
- Consent to Share with Specific Partners (check all that apply):
 - ☐ VA Medical Center / VA Health Care System
 - ☐ HUD/PIH
 - ☐ Local housing authorities
 - ☐ Landlords or property management companies

- ☐ Local veterans service organizations
- ☐ Social services or community health providers
- ☐ Transportation assistance programs
- ☐ Legal aid or benefits advocacy
- Expiration date for consent (e.g., program end date): __/__/__
- Notes or special considerations: _____

How this consent relates to HUD-VASH or HUD-Cash programs

- Specific disclosures may be required to determine eligibility, voucher status, and payment flow.
- You may request inclusion of HUD/VA-specific disclosures or restrictions as needed.

How We Use

- Provide a printed copy to clients during intake or offer an electronic version via a secure portal. We offer a printed and online version on our secure website.
- We insure the client (or authorized representative) signs and dates.
- We keep a copy in the client's confidential file and share only with approved parties per this consent.
- If the client revokes consent, we document the revocation and adjust data-sharing practices accordingly.

We provide

- A printable PDF with checkboxes and signature lines.
- A digital form (Google Forms) with conditional sections. Coming soon.

- A Spanish version customized for clients with limited English proficiency. Coming Soon.