

*To be placed on AA letterhead*

Authorization for the Release of Information

Signing this form gives the AA and/or DHCD permission to share your personal information. Your personal information will only be disclosed in accordance with this form and as required or allowed by law. Please read it carefully before signing it.

I understand that the personal information I provide through this release will be securely maintained in accordance with applicable law.

I authorize the AA and/or DHCD:

- to contact individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to determine my household's eligibility and to obtain and share information (by any means, including oral, written, electronic, facsimile or telephonic) regarding myself and my household members related to my MRVP Voucher, application, and supporting documents; and
- to verify the information regarding myself and my household members, including through wage matching, Criminal Offender Record Information (CORI), and Sex Offender Registry Information (SORI) requests.

I authorize any and all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information regarding me and my household members to the AA and/or DHCD.

Shared and verified information may include, but is not limited to:

- biographic information (e.g. name, date of birth, social security number);
- demographic information (e.g., race, ethnicity, language); and
- information related to my application for, eligibility for, or participation in MRVP (such as income, employment, criminal history, assets, or any other information related to my housing subsidy).

In accordance with all applicable state laws including M.G.L. c. 62E, the AA and DHCD participate in the Massachusetts Wage Reporting System ("wage match"). The income reported by adult MRVP Applicants and Participants (18 years of age or older) shall be matched with wages reported by employers to the DOR. The AA and DHCD are asking all adult MRVP Participants to provide and verify their social security numbers for this purpose. I understand that failure to provide and verify social security numbers may result in my termination from the MRVP.

I agree to cooperate in requests to provide information to the AA and/or DHCD, and understand that my failure to do so may result in my termination, suspension, and/or repayment of assistance.

I will be notified in writing of actions taken against me because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

If I receive MRVP assistance and I am later determined to be ineligible for it, I may be fully liable for the value of the assistance received.

I understand that this release is effective for 15 months from the date of signature. I have read and understand this form. A photocopy or digital copy of this release is as valid as the original.

\_\_\_\_\_  
**Head of Household Printed Name**

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Other Adult Household Member

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Other Adult Household Member Signature

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Other Adult Household Member Signature

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Date

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Date

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Other Adult Household Member

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Other Adult Household Member Signature

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Date

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Date