

**APPLICANT (Complete)**  
**Consent to Verify ARPA Rent Assistance Participation**  
**(English)**

I (printed name)\_\_\_\_\_ give my informed consent for ARPA Rent Assistance Program Partners' staff or The Human Services Alliance of GPW, to communicate and share information, in writing and conversation with other ARPA Partners, for the purpose of:

1. Verifying the client has not received ARPA Rent Assistance funds prior to today
2. Assessing client's need
3. Completing payment to the landlord

I have read and understand the conditions of this release. This consent is valid through December 31, 2024.

By signing below, I certify that:

1. I do not have any relationship with any officers, staff, or directors of:  
Edu-Futuro, New Creatures-in-Christ Ministries, St. Thomas UMC, Woodbridge Workers Committee
2. I have not received Rent Assistance funding from:  
Edu-Futuro, New Creatures-in-Christ Ministries, St. Thomas UMC, Woodbridge Workers Committee

Client Signature:

ARPA Partner Staff Signature:

Date: