

Authorization for Release of Information

Lancaster County Emergency Rental Assistance Program

I/We _____, the undersigned hereby authorize all persons and entities in the categories below to release information regarding employment, income, expenses, rent, and utilities for the purpose of verifying information on my/our emergency rental assistance application. I/We authorize release of information without liability to the agencies administering the Emergency Rental Assistance Program (ERAP) in Lancaster County, Pennsylvania.

INFORMATION COVERED

I/We understand that previous and current information about me/us may be needed. Verifications and inquiry responses that may be requested include, but are not limited to, personal identity; employment and income; and rent, utility, and other expenses. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation in the ERAP.

INDIVIDUALS AND ENTITIES THAT MAY BE ASKED FOR INFORMATION

Individuals and entities that may be asked to release the above information include, but are not limited to:

- Past and present employers
- Providers of child and spousal support
- Welfare agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement systems
- Banks and other financial institutions
- Landlords
- Utility companies and municipal utility authorities

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain on file and **will stay in effect for one year from the date signed**. I/We understand that I/we have a right to review this file and to correct any information that I/we can prove to be incorrect.

SIGNATURES

Applicant/Head of Household	(Print Name)	Date
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Co-Applicant/Co-Head	(Print Name)	Date
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Adult Household Member	(Print Name)	Date
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Adult Household Member	(Print Name)	Date
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