

URBAN HOUSING SOLUTIONS, INC.'s

Consent for Release of Information



Urban Housing Solutions is a nonprofit agency that receives grants to assist us with the costs of our housing and services. Our grantors periodically require us to provide them with information about the incomes and the special needs of those whom we serve. In order to continue utilizing these grants, which help us keep our rents affordable, we need your permission to provide resident information to these grantors.

Upon signing below, you are granting permission for the listed grantors to access your entire rental file maintained by us. The grantors may examine your file but they cannot copy or transmit any personal information contained in it without further authorization from you. The six grantors covered by this release of information are:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing and Urban Development (HUD) | <input checked="" type="checkbox"/> Federal Home Loan Bank (FHLB) |
| <input checked="" type="checkbox"/> Metropolitan Development and Housing Agency (MDHA) | <input checked="" type="checkbox"/> The Housing Fund (THF) |
| <input checked="" type="checkbox"/> Tennessee Housing Development Agency (THDA) | <input checked="" type="checkbox"/> Metro Homeless Commission |

In addition, this release authorizes the following Housing of Urban Development (HUD) required data to be viewed by MIS-user agencies:

- | | |
|---|---|
| <ul style="list-style-type: none">• First Name, Middle Initial & Last Name• Social Security Number (only the last 4 digits)• Date of Birth/Birthday• Gender• Race• Ethnicity | <ul style="list-style-type: none">• Housing Relationships• Housing Location (as of last night)• Zip Code of Last Permanent Residence• Whether you are a U.S. Military Veteran• Disability of long duration ("yes" or "no")• Housing Status |
|---|---|

I understand I may, in writing, change all or part of this consent.

I understand this release of information authorization remains in effect from the date of my signature unless I revoke it in writing. Should I choose to revoke my authorization, I understand I will complete a new Release of Information form and indicate I no longer wish to have my information released. I further understand the new Release of Information form should be sent to the Agency Administrator, who will notify relevant staff my record is to be "closed" in the system.

Finally, I understand my receiving Urban Housing Solution services are neither contingent upon nor influenced by my decision to sign or not sign this document.

Your Signature

Your SSN

Today's Date

Agency Representative

Date