



**Short Term Rent, Mortgage, and/or Utility Assistance
(STRMU) Program
Consent to Release of Information**

I, _____, request and authorize the following agencies collaborating in the STRMU program to release to one another information relevant to my participation in the STRMU, as described below.

Alameda County Housing and Community Development Department	Homeless Information Management System (HMIS)
Case Manager at:	City of Oakland

The information that may be released is limited to:

1. Information about my current rental payments, including rental payments in arrears and any associated late fees
2. Information about my current mortgage payments, including any mortgage payments in arrears and any associated late fees. .
3. Information about my current utility payments, including any utility payments in arrears and any associated late fees.
4. Information about my current employment status.
5. Information about other services I may be receiving or be referred to by a Behavioral Health Care Services, Social Services or Housing and Community Development staff person as part of my participation including services for substance abuse treatment or mental health that may have an impact on my ability to remain stably housed.
6. Information on my current HIV status

I hereby also permit the authorized representatives of any of these agencies who are working with me or on my behalf to discuss these matters specifically related to my participation in the STRMU Program in order to help me fulfill the terms of my Participation Agreement, Housing Stability Plan or my Individual Achievement Plan.

I further permit these agencies to share my administrative data for the purposes of evaluating the STRMU Program and improving services.

My signature below indicates I have read this form and/or have had it read to me. I am able to revoke this consent in writing at any time. This consent form expires **12 months from the date signed below** unless revoked by me in writing prior to this date.

Participant's name (printed) _____

Participant's signature _____ Date _____

HCD Representative signature: _____ Date _____

HCD Representative name (printed) _____