

Landlord Consent for the Release of Confidential Information

(Name of Participant)

Address -

City,

State

Zip Code

The purpose of this form is to allow me to choose how my services are coordinated. I understand that this is my decision to make and that I can change my mind. If I change my mind, I need to make a written request to cancel this consent. I understand that I can ask a staff member to assist me with this process. If I have a legal guardian, my guardian may sign or cancel this consent on my behalf. By signing this form, I am allowing this landlord/property manager to communicate and exchange information with **Couleecap, Inc.** as needed to coordinate Energy Assistance and Rental Assistance Benefits.

Please list Landlord/Property Manager below:

Name

Phone

Date, Event or Condition when Consent Expires: _____. In the event no date/event/or condition is specified, this consent expires on year from the date of signing.

I understand that services are NOT contingent upon or influenced by my decision to permit the information release. State and Federal regulations prohibit any further disclosure of such information and records without my specific written consent unless otherwise permitted by such regulation.

Signature of Participant

Date

Witness (optional)

Date