



JEFFERSON PARISH

EMERGENCY RENTAL ASSISTANCE PROGRAM

Authorization for the Release of Information

Last Name: _____ MI: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The Jefferson Parish Emergency Rental Assistance Program will remit rent payments on behalf of approved program recipients directly to the recipient's Landlord or property owner. A complete application for Rental Assistance includes paperwork that must be completed and submitted by the applicant's Landlord or property owner. In signing this consent form, I am authorizing the program provider to contact my Landlord and/or property owner to request information, including but not limited to, rent and payment information and I hereby authorize my Landlord to release such information. I also authorize the provider to release my information to my Landlord which is deemed necessary to complete my application and receive assistance. I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

Landlord/Property Manager

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Property Owner

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Monthly Rent Amount: _____

In signing this consent form, I further authorize the provider of this Program to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the Program, and that the information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke the authorization at any time by written and dated communication. I have read and understand by signing below, I certify that I am giving permission for the provider to obtain or share information for emergency rent assistance.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date