



Vermont State Housing Authority

1 Prospect Street, Montpelier VT 05602-3556
802-828-3295 (Voice) – 802-828-2111 (Fax)
800-820-5119 (Message)
www.vsha.org



VSHA Release of Information

I (please print your name) _____ authorize for Vermont State Housing Authority (VSHA) and the below named agencies to share information related to my rental assistance, housing needs, and receipt of social services including benefit/assistance amounts, child support payments, household composition, and household member identifying information (e.g., date of birth, social security number) to VSHA for the purpose of determining my initial or on-going program eligibility.

Sources of Information: (Groups or individuals that may be asked to release the authorized information include but are not limited to the following:

- Courts and Post Offices
- Schools and Colleges
- State Unemployment Agencies
- Banks and other Financial Institutions
- All Vermont State Housing Authority departments
- Past and Present Employers
- Medical and Child Care Providers
- State Social Service Agencies (Economic Services, Office of Child Support, etc.)

Additional people/agencies & phones able to share information:

This also includes information related to my criminal background check: YES NO

Name (Head of Household)	SSN (last 4 digits)	Date of Birth

Address	Phone Number



Signature of Head of Household: **Date:**

Each member of your household who is 18 years of age or older must sign the consent form.

Other Family Member over age 18: **Date:**

Other Family Member over age 18: **Date:**

This consent form expires 12 months after being signed or at my request, whichever comes first.