

Name: _____ Date: _____

Address: _____ Town: _____

Zip code: _____

I authorize **Community Action Pioneer Valley** to receive information from and to provide information to:

Landlord Name & Phone #: _____

Utility Company Name & Account #: _____

Housing Authority Name & Phone #: _____

Advocate /Caseworker Name & phone Number: _____

Other: _____

Please initial if applicable. Franklin County Housing and Redevelopment Authority- Turners Falls, MA: _____

Interfaith Council of Franklin County, Greenfield MA: _____

Way Finders – Springfield, MA: _____

With my signature below, I authorize Community Action Pioneer Valley to share information with the entities listed above. This may include my income, household members, application(s) details, verifications and information needed to assist my household. I understand that information received will only be used as needed to help plan and deliver services and will be held in the strictest confidence. I authorize Community Action Pioneer Valley to record this information and to release it to funding sources as required. I further certify that the information I have provided is true and accurate to the best of my knowledge. This authorization expires one year from the date of signature. I understand that I have the right to revoke this authorization at any time by notifying Community Action in writing. I acknowledge that my electronic signature is a valid replacement for my actual signature on this release.

Signed: _____
(parent or guardian if under 18)

Date: _____

For office use only:

I have reviewed this application and the documentation provided by the client(s).



Staff Signature: _____ Date: _____

Supervisor Signature _____ Date: _____

Note: _____