## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Housing Opportunities and Prevention of Evictions (HOPE) program and its administrating agency, the North Carolina Office of Recovery and Resiliency (NCORR), to share the following documents or information (check all that apply): **HOPE Landlord-Tenant Agreement and** Household income, family composition, Addendums (if any) employment status, rent amount, and rent or utility balances reported by me and my household to the HOPE Program Any applicable pledge letters from the HOPE Application(s) submitted by me and my household to the HOPE Program Program to my service provider in regards to my application to the HOPE Program Copies of communications, mailings and Payment and paid amount submitted to my documents submitted to me and my household landlord or utility provider; award calculator from the HOPE Program amount; check numbers; and address the payment was sent to Other (type documentation requested here): with the following person or entity (provide contact and choose entity type): □ Landlord/Property Manager Name: Attorney/Law Firm Company or Entity: Phone Number: Other E-Mail: for the purpose of obtaining emergency financial assistance to help me keep my housing and/or prevent or halt eviction. This authorization shall continue from the date of signature and until such time the person or entity identified above is notified in writing that the authorization is canceled. Signed: Print Name: Applicant ID: Address: Date:

Important: HOPE Applicant, considered Head of Household, must sign on behalf of himself/herself/themself and the household for which the application was submitted to the HOPE Program. Applicant must get permission from any and all adult Household Member(s) above the age of 18 to sign on their behalf for this release to be effective. Signatory shall hold the State of North Carolina and NCORR harmless of any malfeasance or misfeasance caused by the information requested within this form and indemnify NCORR and the State of North Carolina from any liabilities that could occur from the use of this form.





