



HOUSING AUTHORITY OF THE
CITY AND COUNTY OF SAN FRANCISCO

Release of Information

Client ID (for internal use as needed): _____

I certify/authorize:

_____ (Fill in Name of Person Requesting Information)

_____ (Fill in the organization, agency, elected
representing/advocating)

to obtain any information regarding my application and participation in the Housing Choice Voucher or Low Rent Housing Programs of the Housing Authority of the City and County of San Francisco (Authority). This authorization shall remain valid for a period of one (1) year from the date of the signature below. I understand the following:

- This authorization is voluntary.
- I can refuse to sign this authorization.
- This authorization and release apply to myself and any minor or to any person for whom I am responsible for their care, custody and control and have the authority to provide such authorization.
- I understand that I may review all documents provided as a result of my signing this ROI.
- This authorization extends and includes, but is not limited to, my application for the Housing Choice Voucher or Low Rent Housing programs, information related to referrals and denials thereof; information pertaining to participation in the above-referenced Housing Authority programs including, but not limited, to recertification documents, inspection records, relocation, referrals, terminations, rent owed etc.

REVOCAION OF PRIOR RELEASES: I hereby revoke all previous authorizations and releases previously supplied to you, or which may have been provided to any other person prior to your receipt of this authorization.

I have read, understood, and signed this form with full understanding of its contents.

Dated: _____

Client Name: _____ Signature: _____