



RELEASE OF INFORMATION AUTHORIZATION FORM

I, _____ (name of applicant), hereby authorize the Guam Housing Corporation (GHC) to release information pertaining to my housing assistance to _____ (name of program staff), of the Guam Emergency Rental Assistance (ERA) Program.

The information will be used solely for the purpose of applying for assistance under the ERA Program.

I DO NOT, however, give permission for any re-disclosure of this information, for any other purpose.

_____ Date: _____
Authorized Signature

Full Name of Client (Print): _____

ERA Case Number: _____

Mailing Address: _____

Contact Number(s): _____