

Consent to Release Information to Housing Assistance Agency

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| Section one: To be completed by customer | |
| <p>I hereby authorize the County of Ventura Human Services Agency to release the following case information to the _____.</p> <ul style="list-style-type: none"> • Monthly Benefits, • Current Household Details, and • All known earned and unearned income, if requested. <p>I understand this consent will terminate one year from date signed unless otherwise requested in writing by signer(s).</p> | |
| County of Ventura Human Services Agency Case Number (if known): | |
| Printed name: | |
| Date of Birth: | Full Social Security Number: |
| Signature: | Date signed: |
| Address: | |
| Additional adult household members printed name(s), and signature: | |
| Printed name: | Signature: |
| Printed name: | Signature: |
| <p>The County of Ventura Human Services Agency will respond by providing the customer and the requesting agency a response using Verification of Benefits CSF 142 form.</p> | |
| Section two: To be completed by requesting agency: | |
| Request verification for period of: | |
| Comments: | |
| Requestor: [Employee First and last Name] | |
| Office and fax number: | |
| Email address: | |
| New application Y/N or Renewal/Recertification Y/N | |

Submit completed form to <https://vchsa.org/csd-submit/form/en>