



Release of Information

Housing Alliance HTX, officially known as the Houston Housing Authority, hereinafter the "Agency"

Name: _____ Client Number: _____

Telephone Number: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Program: Public Housing Housing Choice Voucher

Status: Participant Applicant

- **REQUIRED INFORMATION:** The following member of my household has a disability, i.e., a physical or mental impairment that substantially limits one or more life activities.

Name: _____ Date of Birth: _____

Relationship or association with you: _____

- (If applicable) I authorize the Agency to contact the following individual who assisted me in the completion of this form:

Name: _____ Telephone: _____

Address: _____

Email address: _____

- **REQUIRED INFORMATION:** I authorize the Agency to verify that I or a member of my household has a disability and needs the accommodation I have requested. In order to verify this information, the Agency may contact the following knowledgeable third-party:

Name: _____

Title of Third-Party Agency, Facility, or Institution (if any): _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax: _____

Email Address: _____

This form will only be used on an as-needed basis to gather information in relation to your request.

I authorize the above third-party to release any information to assess my request for reasonable accommodation. By signing I am also acknowledging that I understand that the Agency will only ask for information that is necessary regarding my request for accommodation.

Signature: _____

Date: _____