

**Consent Authorizations  
for the HCV Moving Up Homeless Preference**

Head of Household Name: \_\_\_\_\_ HMIS ID# \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby certify that I am the individual listed above and that I am a current applicant or participant of the Michigan State Housing Development Authority (MSHDA) Housing Voucher Program.

**Agency Participation**

Referring Agency: \_\_\_\_\_

Referring Agency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

HARA Agency: Homeless Action Network of Detroit (HAND) \_\_\_\_\_

HMIS Lead Agency: Homeless Action Network of Detroit (HAND) \_\_\_\_\_

Housing Agent: Community Management Associates, Inc. (CMA) \_\_\_\_\_

**Pre-Application Consent Authorization**

**Certification of Information**  
WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADUALENT STATEMENTS TO THE DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE SUBJECT TO FINES NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I, \_\_\_\_\_, hereby authorize the above-referenced HARA Agency to enter my pre-application online for the MSHDA Homeless Preference Housing Choice Voucher Program on my behalf.

I certify that:

- I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.
- I do hereby certify that the information on my preapplication/referral is true, accurate, and complete to the best of my knowledge.
- I understand that it is my responsibility to keep my application information current with the Michigan State Housing Development Authority. (All Information must be provided to the Michigan State Housing Development Authority in writing or through the Applicant Portal.)

**Consent for the Release of Confidential Information**

I, \_\_\_\_\_, grant the above referenced Referring Agency, the HARA Agency, and the HMIS Lead Agency permission to disclose information or communicate between each other and the Michigan State Housing Development Authority (MSHDA) Assigned Housing Agent regarding:

- 1. Homeless Certification Information (including income, assets, expenses, and household status for determining eligibility for participation in the HCV Program)
- 2. Applicant Profile Information (locations, address and/or other contact information).
- 3. Changes in voucher status notification, including reasons for change.

The information will only be used for determining eligibility in the HCV Program and will be kept confidential and not released outside of this scope.

I understand and agree that photocopies of this authorization may be used for the purpose stated above.

The purpose of the disclosure authorized in this consent is to assist the MSHDA-assigned Housing Agent in locating or assisting an applicant when their name has been selected from the waiting list. I certify that:

- I understand that there may have been information shared based on this consent when it was in effect. Ending this consent cannot change that.
- I understand that I may end this consent with a notice in writing.
- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records;

The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 DFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164. I certify that:

- I understand these records cannot be shared without my written consent except as provided for in the regulations.
- I understand that my treatment will not change based on whether I sign this consent form.

\_\_\_\_\_  
Signature of Applicant (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian, or authorized representative (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Guardian, or authorized representative (if required)

**Note: This authorization may be revoked at any time by providing written notice to your housing agent and will automatically expire fifteen (15) months from the date of signature.**