

**CITY OF ALEXANDRIA
OFFICE OF HOUSING
RENTAL ACCESSIBILITY MODIFICATION PROGRAM**

CLIENT AUTHORIZATION FOR COUNSELING AGENCY

I/We would like to participate in the Rental Accessibility Modifications Program with the City of Alexandria, Office of Housing to help me/us make improvements to my/our primary residence. I/We understand that the Program Staff may discuss with me/us information about my/our credit history, financial situation, employment, and other family matters.

I/We also understand that it may be necessary for Program Staff to request, receive and discuss information about our credit history, financial situation, employment or other family matters with representatives of other firms or agencies as is necessary to determine my/our eligibility for assistance under the City of Alexandria's Rental Accessibility Modifications Program

I/We understand that these are necessary procedures for the Program Staff to assist us with our housing problems. I/We also understand that information about our personal circumstances will be treated as totally confidential and that NO information about us will be accessible to any party who is not directly involved in our situation.

I/We authorize the Program Staff of the Alexandria Office of Housing to discuss with us any information related to our personal circumstances as may be necessary to help us secure assistance from the Rental Accessibility Modifications Program to improve our housing.

I/We authorize the Program Staff for the Alexandria Office of Housing to obtain and release credit, financial, employment, and other information from/to other agencies or firms as may be essential to the solving of our housing problem.

Head of Household

Date

Co-Applicant or Spouse

Date