

BOYNTON B E A C H BOYNTON BEACH FAITH BASED CDC, INC. 2191 N. Seacrest Blvd., Boynton Beach, FL 33435 – 561-752-0303

CITY OF BOYNTON BEACH CDBG-CV RENTAL ASSISTANCE PROGRAM

Client Release of Information Form

The Boynton Beach Faith Based CDC, Inc. is an authorized administrator of the CDBG-CV Rental Assistance funding according to the contract signed with City of Boynton Beach to approve and authorize CDBG-CV Rental Assistance payments directly to tenants Landlord for up to 3 months, not to exceed \$4,500, of rental assistance.

I, _______hereby authorize the Boynton Beach Faith Based CDC, Inc. to verify any of the information provided in my application with landlords, employers, and other agencies in order to help meet my service needs. I also understand that all health information contained in this application with be treated in accordance to the HIPPA law which protects my privacy.

This agency is a member of the Heart of Boynton Social Service Alliance and a Palm Beach County network called the Client Track Management Information System (CMIS). In order to speed access to services, I hereby grant permission for and authorize the release and sharing of pertinent information related to my current situation to the partner agencies. I understand the need or purpose for this disclosure is solely to assist in bettering my current situation.

I also authorize the use of photographs and stories to be used in order to obtain funding for program continuity and growth, provide research and data to inform the community regarding program benefits and needs.

This Agency must maintain your information and make it available to the City of Boynton Beach upon request for accounting and auditing purposes.

The information provide in this application is accurate.

Signature: _____

Date: _____

Name: _____

Print

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