



815 W. Ocean Avenue • Lompoc, CA 93436  
P.O. Box 397 • Lompoc, CA 93438-0397  
(805) 736-3423 • FAX (805) 735-7672 • TDD (800) 545-1833, Ext.594

Housing Authority of the County of Santa Barbara

95054

## AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

(Please print or type the following)

RE: \_\_\_\_\_ (Client Name) \_\_\_\_\_ (HA ID Code)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City / Zip Code)

\_\_\_\_\_ (Social Security Number)

I am requesting that the following person(s) / Agency act on my behalf in the resolution of my Rental Housing Application and/or Assistance.

\_\_\_\_\_ Designated Person(s) / Agency

\_\_\_\_\_

I hereby authorize the Housing Authority of the County of Santa Barbara to release any and/or all information regarding my individual housing assistance file to the designated person(s) and/or Agency. Additionally, I authorize said designated person(s) and/or Agency to provide/release and/or all information to the Housing Authority from my client file. I understand that this release will remain effective for a period not to exceed twelve (12) months from the date as signed/authorized below.

\_\_\_\_\_ Designated Person(s) / Agency

\_\_\_\_\_ Client Signature \_\_\_\_\_ Date

☐ 200 W. Williams  
Santa Maria, CA 93454  
(805) 925-4393  
fax (805) 922-9608

☐ 917 W. Ocean Ave.  
Lompoc, CA 93436  
(805) 735-8351  
fax (805) 735-9263

☐ 5575 Armitos Ave.  
Goleta, CA 93117  
(805) 967-3402  
fax (805) 964-0027