



COVID-19 Rental Assistance Program

Release of Information

Applicant Name _____

Date of Birth _____ (month/day/year)

I, _____ (Applicant Name), give my consent to SC Thrive to release any information I disclose in my application for SC Thrive’s Rental Assistance Program as well as the status of my application or other information pertaining to my case to _____ (name of authorized individual or organization). This access is granted so that _____ (name of authorized individual or organization) may assist with the application process. This authorization allows SC Thrive to disclose the status of the application to persons other than the applicant.

By signing this authorization, I understand that:

- I have the right to revoke this authorization at any time. Revocation must be made in writing and presented or mailed to SC Thrive. Revocation will not apply to information that has already been disclosed in response to this authorization.
- I have read and understand this authorization and authorize use and disclosure of information about the named applicant as described in this authorization.

Signature of Applicant

Printed Name of Applicant

Date