



## EXHIBIT "B"

### Authorization for Release of Participant Information

I, \_\_\_\_\_, am/have been a participant in a housing assistance program operated by the Housing Authority of the City of San Buenaventura ("HACSB").

I hereby authorize HACSB to furnish records to \_\_\_\_\_, my representative ("Representative"):

My entire participant file including, but not limited to, all information contained therein, within HACSB's possession.

Only the following items from my participant file specifically described as follows:

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This authorization shall become effective immediately and shall remain in effect for sixty (60) days unless terminated sooner by the undersigned participant in writing.

I understand that the above authorization waives rights to confidentiality and other rights that might otherwise be available. Nevertheless, I have provided my consent willingly, and without reservation. In so doing, I further agree to waive any and all claims or causes of action, state or federal, legal or equitable, against the HACSB, its officials, officers, employees, agents, consultants, attorneys, administrators, and volunteers, arising out of or in connection with HACSB's compliance with this authorization and/or HACSB's disclosure of information, as authorized herein.

I hereby declare under penalty of perjury that I have the authority to enter into an Authorization for Release of Participant Information and that I have read and understand the authorizations, releases, and waivers contained herein.

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Participant Name	Participant Signature	Date
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Address	City, State, Zip
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Social Security Number number:	Phone
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