

Client's Full Name	Date
PCCA Provider Name	
Landlord Name	

The client named above gives the PCCA provider and North Dakota Housing Finance Agency (NDHFA) permission to obtain information from the landlord named above related to tenancy, including but not limited to the rental application and screening process, lease/rental agreement, rent payments, and tenancy violations, warnings, notices, terminations, and pending claims.

I understand the Release is needed in order for the PCCA provider and NDHFA to provide support to help me get into housing and be successful in my housing.

I understand that this release automatically expires 30 days after the date of my exit from the Opening Doors Program. I am giving consent voluntarily and understand that I may, at any time, revoke it in writing to the entity giving or receiving the information. I have the right to see the information provided under this Release at any time.

My authorization releases the PCCA provider and Landlord named above along with NDHFA from any and all liability for damages arising from inquiring about, obtaining, providing and/or taking action based on information covered by this Release.

I have read this Release, or it has been read to me and I understand its content. I understand that I have a right to receive a copy of this Release.

Signature of Client	Date
---------------------	------

My signature(s) allow(s) a photocopy or fax copy of this authorization to be as valid as the original.