



## THIRD-PARTY RELEASE OF INFORMATION

### Virginia Rent Relief Program

I, (print name) \_\_\_\_\_, authorize the following individual or organization to complete this application on my behalf, including submitting necessary documentation, speaking, and communicating via text, chat, or email with representatives of the RRP Support Center, Virginia Housing, and/or the Virginia Department of Housing and Community Development.

\_\_\_\_\_  
Print First/Last Name of Third Party

\_\_\_\_\_  
Print Third Party's Organization Name  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preferred Language (Spoken / Written)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature



Virginia Department of Housing and Community Development | Partners for Better Communities  
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