

# AUTHORITY TO RELEASE INFORMATION FOR SUPPORTED HOUSING PROGRAM

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## TENANT DECLARATION

I, (insert your name)

of (insert your address)

Address:

Suburb:

State:

Postcode:

hereby give permission to Evolve Housing and (please list name of support service/person here):

to release information relevant to my tenancy ensuring appropriate support and successfully maintaining my tenancy, to each other.

I have been provided with a copy of the Evolve Housing 'Tenant Rights Policy', 'Complaints Policy', and 'Appeals Policy' and understand that this authority is exclusive to Evolve Housing and (please list name of support service/person here):

in ensuring the aims of the Support/Property Management Agreement held between these two services.

**Please note:** A copy of the Support/Property Management Agreement has been provided at the time of signing the Residential Tenancy Agreement.

### SIGNATURE REQUIRED

Tenant Signature:

Date:

Witness signature:

Date:

Once complete please return this form to your Housing Manager or email [myevolve@evolvehousing.com.au](mailto:myevolve@evolvehousing.com.au)

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