



Third-Party Release of Information

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)

Cell phone

Email