

Providing a comprehensive
Homelessness and Advice Service

Additional Information Authorisation In Strict Confidence

Name:			
Last Settled Address:			
Post Code:			
D.O.B.		National Insurance No.	

To whom it may concern

I hereby, authorise the reasonable disclosure of information from manual and/or computerised records held by you to Herefordshire Council, as requested. This is to enable Herefordshire Council to conduct necessary enquiries relating to my homelessness/housing issues.

I understand that enquiries and referrals will be made to any relevant individuals or agencies (including credit reference agencies, financial, medical, legal, etc.) and that photocopies of this authorisation may be supplied by Herefordshire Council to those individuals or agencies.

I also give specific consent for details of all past/current/future housing and council tax benefit claims to be made available to the Housing Solutions Team, Home Point and the Benefits Service, knowing that this will include my full financial details and any forwarding/previous addresses.

I also give consent for my medical records/mental health care plan to be shared if required to help secure future accommodation with housing providers.

I also give consent for my proof of income, including recent bank statements, together with my National Insurance Number to be shared with housing providers to help secure future accommodation.

I understand that this information disclosure consent will be cancelled at any time by my written confirmation to both the Housing Solutions Team, Home Point and the Benefits Service.

This authorisation will remain in place until my application has been processed, unless I inform that I am withdrawing my consent before that finishes.

I have provided this consent in the understanding and agreement that my application may be cancelled immediately if it is found that I have withheld any information that has been requested and is relevant to my application.

Signature: _____ **Date:** _____