RESIDENT CONSENT TO SHARE INFORMATION
via
DATA USE AGREEMENT BETWEEN
CINCINNATI METROPOLITAN HOUSING AUTHORITY
&
STRATEGIES TO END HOMELESSNESS

Resident:

CMHA is partnering with Strategies to End Homelessness (STEH), a Cincinnati-based organization established in 2007 responsible for collaborating with local and national groups to address homelessness to secure housing for those in need by providing or coordinating services, housing, shelter, and prevention programs. The Cincinnati/Hamilton County Continuum of Care for the homeless has designated STEH the Continuum of Care Lead Agency, the Homelessness Management Information System (HMIS) Lead Agency, and the Unified Funding Agency for Cincinnati/Hamilton County, Ohio.

Information about CMHA residents, such as names, addresses, and phone numbers may provide STEH important insights into providing residents with eviction prevention services and allow STEH and its partner agencies to contact families at risk of eviction to provide such services. STEH will also use the information to analyze trends related to homelessness, evictions, and lease enforcement.

CMHA prioritizes the privacy of its residents and is committed to protecting their personal information. CMHA will only share resident information with STEH if the resident over age 18 years provides their consent on the attached form.

Please review the following:

- CMHA will not share your information with STEH unless the resident is over age 18 years and provides this signed consent.
- The data CMHA will share with STEH includes resident name, address, phone numbers, email addresses, lease status, rent payment history, and communications or notices related to eviction proceedings.
- STEH will use this data to analyze trends related to homelessness, evictions, and lease enforcement and if STEH identifies a particular resident or family is at risk for eviction, STEH may contact that resident directly to offer eviction prevention services.
- Participation or non-participation in the information sharing agreement will not affect resident's participation in any CMHA program.
- Participation in the information sharing program does not guarantee the resident will be offered services by STEH.
- CMHA and STEH will use industry-standard best practices and robust security measures to keep resident information confidential and minimize the risk of data breach.

CMHA Resident Consent to Share Personal Information with Strategies to End Homelessness

I, the undersigned resident, being over 18 years of age, hereby provide my explicit consent to the Cincinnati Metropolitan Housing Authority (CMHA) to share my personal information with Strategies to Prevent Homelessness (STEH), an eviction prevention agency, for the purpose of facilitating services related to eviction prevention and to analyze trends related to homelessness, evictions, and lease enforcement.

I acknowledge that CMHA may disclose to STEH certain personal information related to my housing situation, which may include, but is not limited to:

Resident name Resident address
Resident family composition (whether the household includes a minor child) Resident birthday
Resident email address Resident phone number(s) Resident lease status
Communications or notices related to eviction proceedings

I acknowledge that this consent is for CMHA to share my information with STEH. If STEH wishes to refer me or my household member to one of their partner agencies, STEH will request a separate release or consent from me to share my information.

I understand that participation in the information sharing program does not guarantee that I will be offered services by STEH. I understand that participation or non-participation in the information sharing agreement will not affect my participation in any CMHA program.

I acknowledge that this consent is voluntary and that I may revoke it at any time by providing written notice to CMHA. I acknowledge that revocation of my consent to STEH does not constitute revocation of my consent to CMHA. I acknowledge that such withdrawal will not affect the legality of any data sharing or processing activities that have taken place prior to the withdrawal.

I acknowledge that, while CMHA will make reasonable efforts to ensure that my information is securely shared, there may be potential risks involved in sharing my personal information with STEH, such as unauthorized access or data breaches.

I understand that STEH will handle my personal information in accordance with applicable data protection laws and regulations, and STEH has appropriate safeguards in place to protect my information, but CMHA cannot and does not guarantee STEH will not experience a data breach.

I understand this consent is valid for as long as necessary for the purpose stated above, unless revoked earlier by me.

By signing this form, I confirm that I fully understand the purpose of this consent and voluntarily agree to the sharing of my personal information as outlined above.

Resident's Signature:_____ Date:_____

Print Name of Resident: _____

Address: _____ Zip Code: _____