

Consent to Participate

I, _____
(*print full name*), by my signature below, consent to participate in the City of La Crosse’s Pilot Landlord Mitigation Project as a Participating Client. I understand that participation in the program is designed to increase my chances of finding suitable housing, but is not a guarantee of housing. As a Participating Client, I agree to:

- Abide by all tenancy requirements, as specified in my Lease Agreement
- Engage in ongoing support services for at least two years after move in, as offered and provided by my Service Provider
 - Participation in case management services is required as part of my tenancy. The Landlord may terminate the tenancy if I elect not to participate in case management services.
- Proactively communicate about any potential issues with my rental dwelling and/or lease agreement by contacting my Landlord or Service Provider

Release of Information

I, _____,
grant permission to the participating entities named below to share information related to my ongoing tenancy between such entities, as needed, for the sole purpose of working together as a team to support me in sustaining stable housing.

All parties named herein agree that the protocol for contact relating to any tenancy issues will be as follows:

- 1) The Landlord will first contact the Participating Client and attempt to resolve the issue(s);
- 2) If Step One does not lead to a mutually satisfactory resolution, the Landlord may contact the Service Provider named below;
- 3) If Steps One and Two do not lead to a mutually satisfactory resolution, Service Provider or Landlord may contact the City of La Crosse’s Homeless Services Coordinator.

This Release of Information is valid until _____(date). This Release of Information is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner.

Signed on _____(date), by:

Client:

<i>Client Signature</i>	<i>Email</i>	<i>Phone</i>
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Participating Entities:

Landlord

<i>Contact Person</i>	<i>Email</i>	<i>Phone</i>
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Service Provider

(Agency Name)

<i>Contact Person</i>	<i>Email</i>	<i>Phone</i>
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City of La Crosse

<i>Contact Person</i>	<i>Email</i>	<i>Phone</i>
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Please return this form to:

Brian Sampson, City of La Crosse Homeless Services Coordinator

[email: sampsonb@cityoflacrosse.org](mailto:sampsonb@cityoflacrosse.org)

If you have any questions, please call 608-789-8687