

Release of Information to Third Parties

Instructions: You must fill out this form in order to allow the subrecipient, _____, and the Georgia Department of Community Affairs ("DCA") to share your, all of your household members', and all owners' Personally Identifiable Information (PII) with third parties in order to process your application. This information will be shared for program production purposes only.

You may end this agreement at any time. However, if you end the agreement, the HRRP will not be able to process your application.

This form does **NOT** need to be signed in front of a notary public.

I, _____, do hereby consent to and authorize the subrecipient and DCA (including its employees, partners, affiliates, agents, contractors and their respective assigns), as part of my application the Georgia Homeowner Rehabilitation and Reconstruction Program ("the Program"), to request, access, review, disclose, release and share any and all information ("Personally Identifiable Information" or "PII") received with respect to my application for the Program, whether provided by me in my application or otherwise provided by me, or by additional outside third parties with whom I may or may not have a relationship, and only as necessary or desirable, in the sole discretion of the subrecipient or DCA, for final determination of my eligibility for and the amount of assistance under the Program. I, as Primary Applicant, authorize the release of all household members' and owners' information in order to comply with the Program eligibility and benefit determination requirements. I understand and acknowledge that any party disclosing information on behalf of the subrecipient and DCA or to the subrecipient or DCA on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold the subrecipient or DCA and such disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this Consent, I further authorize any and all financial institutions, lenders, insurers, government agencies (federal or state), credit bureaus, financial service providers or any other third parties to disclose any of my PII in their possession to the Program, as necessary or desirable, in the sole discretion of the Program, to enable the Program to administer the Program and process my application.

I understand and acknowledge that DCA may obtain, use and disclose any PII received in its investigation of my application with third parties, including those referenced above, as necessary or desirable, in the sole discretion of the City, for final determination of my eligibility for and the amount of assistance under the Program.

My consent may be revoked or ended at any time by giving written notice to DCA. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. By completing and signing this form, I acknowledge and agree to the above and agree that this Consent may be furnished on my behalf to any financial institution, lender,

insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

Homeowner Printed Name

Homeowner Signature

Date

Additional Homeowner Printed Name

Additional Homeowner Signature

Date

Household Member (over age 18 years) Printed Name

Household Member Signature

Date

If there are additional owners or household members over age 18 please use a separate release

Unique Application ID: _____