

Isle de Jean Charles (IDJC) Resettlement Optional Relocation Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize release of personal identified information, regarding the person named below, within the following specified limits:

1) Name: _____ SSN: _____ DOB: _____

2) Specific information to be released are: (1) the access and use of electronic records on supportive services utilization and; (2) the access and use of electronic records on costs from Federal and State Programs administered by the Office of Community Development – Disaster Recovery Unit and/or their designee and; (3) individual and demographic information required for the administration and provision of the Isle de Jean Charles Resettlement Optional Relocation Assistance Program to the Louisiana Housing Authority (LHA), the Louisiana Office of Community Development – Disaster Recovery Unit (OCD-DRU) and/or the Federal Department of Housing and Urban Development (HUD).

3) The purpose for which the information to be released is to support: (1) the provision of the Isle de Jean Charles Resettlement Optional Relocation Assistance Program, thereby accomplishing all program requirements and; (2) the provision of support services.

4) Organization/Address/Person releasing the information:

5) I understand that I may revoke this authorization in writing at any time.

6) I acknowledge previous or current personal information may be necessary to process the application. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, property records, income and assets. I further acknowledge that any party disclosing information to the State/Prime is not responsible for any negligent misrepresentation or omission, and Homeowner agrees to hold such 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 attorneys' fees and disbursements), arising from or in any way relating to their disclosure.

I hereby consent and authorize Start Corporation, LHA, OCD-DRU, its agents and/or contractors to request, access, review, disclose, release and share personal information. I

further acknowledge that the information gathered may be released to any other governing agency responsible for auditing the State of Louisiana including, but not limited to HUD or the Office of Inspector General (OIG).

I understand that the release of this information does not guarantee that assistance will be provided; however, my authorization serves to maximize the opportunities to receive full support from all available state resources.

This consent to disclose information may include information that is protected under the federal Privacy Act of 1974. It is made pursuant to and consistent with 28 U.S.C. § 1746. I declare, under penalty of perjury, that the foregoing is true and correct. I am freely giving my consent this _____ day of _____, 20____. This information is not to be used for any other purpose.

Printed Name of Person Authorizing Release Relationship

Signature/Mark of Person Authorizing Release Date

Witness (if Mark/Stamp): Printed Name Witness Signature

Revocation of Release:

I, the undersigned, revoke my release of information to the Office of Community Development – Disaster Recovery Unit and/or their designee.

Signature (or mark & signature of witnessing person) Date

Advisories:

- You may revoke this authorization at any time by a written revocation and by delivering it to the person or organization holding the release of information authorization. However, this revocation is subject to the right of any person who acted in reliance on the authorization prior to receiving notice of revocation.

- You are entitled to a copy of this authorization form.

*This Program was updated on December 4, 2017.