



RELEASE OF INFORMATION AUTHORIZATION FORM

I attest that I am part of a household who has applied for disaster assistance through the Restore Louisiana Homeowner Assistance Program, Administered by the Louisiana Division of Administration Office of Community Development (OCD). I further understand that due to my connection within the application personal and financial information will be necessary for the calculation of income of the household. This information includes but is not limited to my personal identity, tax return, employment records, unemployment insurance program records (from the Louisiana Workforce Commission), and any additional income information. I hereby consent to and authorize the OCD, its agents, and contractors and assigns (collectively the State) to request, access, review, disclose, release and share personal and financial information – including any private or confidential information which is not normally subject to public disclosure but is necessary to process this application. I further acknowledge and agree that any party holding such information above is hereby authorized to disclose such information to the State, that the disclosing party is not responsible for any negligent misrepresentation and has no responsibility or liability for what the State or any party to whom the State discloses the information may do with the information in the normal course of business. I agree to hold the 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 attorneys’ fees), arising from or in any way relating to their disclosure. I further acknowledge the information gathered may be released to any other governing agency responsible for administering, monitoring, or auditing the Program; including, but not limited to, the U.S. Department of Housing and Urban Development, the HUD Office of Inspector General (OIG) or the Louisiana Legislative Auditor.

All non-owner household members over the age of 18 are required to sign this Release of Information Authorization Form as part of the Restore Louisiana Homeowner Program application process. This authorization is not revocable except as otherwise required by applicable law.

If the application, authorization to release information, or grant agreement is signed by a legal representative through a power of attorney or court authorization, the power of attorney form or court order must be provided.

Household Member Name Printed

Household Member Signature

Date

Restore LA Account ID#

Damaged Residence Address