



Mount Vernon Healthy Homes Program

CONSENT AND RELEASE FOR NONPUBLIC PERSONAL INFORMATION

INSTRUCTIONS: Each applicant must fill out this “**Consent and Release Form**” to allow Housing Trust Fund Corporation (HTFC) and the Governor’s Office of Storm Recovery (GOSR), to request, review and/or share certain nonpublic personal information about you, any co-owner of your property and any of your household members, in order to process your application and otherwise determine your eligibility for assistance from HTFC’s/GOSR’s Mount Vernon Healthy Homes Program (the Program).

You may revoke or end your consent under this form at any time, as indicated below. However, doing so may affect the Program’s ability to process your application and your ability to receive any assistance.

Consent and Release:

I _____ do hereby consent to, and authorize, HTFC (including its partners, affiliates, agents and contractors), to request, review and/or share any and all information received with respect to my application for the Program (“Nonpublic Personal Information” or “NPI”), whether provided by me or by third parties with whom I may or may not have a relationship, as needed to determine my eligibility for the Program and otherwise process the amount of assistance under the Program. I understand and acknowledge that HTFC (including its partners, affiliates, agents and contractors), may obtain, use and disclose any NPI it receives with certain third parties (including certain financial institutions, insurers, other government agencies and credit bureaus) in connection with its processing of my application and determination of eligibility for assistance under the Program.

I agree to hold HTFC and its agents, partners, affiliates and contractors 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 any disclosure of my NPI.

Applicant Name _____ Application ID _____



I understand that I may revoke or terminate this consent and release at any time by giving written notice to HTFC. 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.

Applicant/Owner/Occupant Name (Printed)	Applicant/Owner/Occupant Signature	Date
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Applicant/Owner/Occupant Name (Printed)	Applicant/Owner/Occupant Signature	Date
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Applicant/Owner/Occupant Name (Printed)	Applicant/Owner/Occupant Signature	Date
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Applicant/Owner/Occupant	Applicant/Owner/Occupant	Date
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Applicant Name _____ Application ID _____