

**TOWN OF UNION FEMA BUYOUT PROGRAM
RELEASE OF INFORMATION**

CONSENT

I AUTHORIZE AND DIRECT ANY federal, state, or local agency organization, business, or individual to release to the TOWN OF UNION any information or materials needed to complete and verify my application for participation under any state or federal grant program. I understand and agree that this authorization, or the information obtained with its use, will be used by the TOWN OF UNION in conjunction with my application for the FEMA buyout program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Banks and other Financial Institutions
Courts and Post Offices
Credit Providers and Credit Bureaus
Law Enforcement Agencies
Medical and Childcare Providers
Past and Present Employers
Previous Landlords (Including
Public Housing Agencies)

Retirement Systems
Schools and Colleges
Social Security Administration
State Unemployment Agencies
Unearned Income (Gifts)
Utility Companies
Veterans Administration
Welfare Agencies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization or a photocopy of the authorization shall be valid as the original and no restrictions shall be placed upon this authorization by virtue of the date of this authorization.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____
Head of Household	(Print Name)	Date
Social Security No. of Head Of Household _____		
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member (18 and over)	(Print Name)	Date
_____	_____	_____
Adult Member (18 and over)	(Print Name)	Date
_____	_____	_____
Adult Member (18 and over)	(Print Name)	Date