



CONSENT TO RELEASE

Purpose: By signing this form, the Primary Applicant gives ReBuild NC permission to receive information about the Primary Applicant from Federal Emergency Management Agency (FEMA), Small Business Administration (SBA), insurance companies and/or other relevant organizations. The Program then uses this information to determine the Primary Applicant's program eligibility.

Instructions: The Primary Applicant should complete this form, providing their full legal name and the complete address of the damaged property. In order to be valid, this Consent to Release Form must be signed and dated by the Primary Applicant.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

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I understand that I have an ongoing duty to inform NCORR of any known or possible assistance received by any person who resides at the damaged address for the qualifying event (Hurricane Matthew or Florence). This duty remains even after assistance has been received.

Damaged Property Address

I consent to the following information being disclosed to ReBuild NC:

- Information from third party entities including, but not limited to: inspection report(s), amount of assistance received, and future assistance to be received.
- Documentation of amounts paid to me or other owners or on my or their behalf by an insurance company for homeowner, flood, or other insurance.
- Documentation of all financial assistance provided to me or other owners, received by me or other owners, or made available to me or other owners for storm recovery assistance and the purpose of that assistance (e.g., rental assistance, food and gas, home repairs).
- Ownership, tax, lien, mortgage, property, and income records.
- Additional information necessary as identified by ReBuild NC.







- To provide goods and services including case management, the coordination of recovery efforts among
- agencies and non-profits, and the prevention of duplication of services, I consent that the above
- information may be disclosed to the above organizations and others that may be identified by ReBuild NC. All the information contained in this Consent to Release Form is true and complete to the best of my knowledge and belief.

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Primary Applicant Print Name	Primary Applicant Signature	Date



