

Submitting Agency: **Houston-Galveston Area Council**
Requesting Parish/County: **Houston-Galveston**
Phone number: **713-627-3200**

Requester's Name: **Jacqueline Smith, Housing Administrator**
Fax Number: **713-993-2456**
LTRC/UNT: **CDBG-Disaster Recovery Program**

U.S. Department of Homeland Security
Washington, DC 20472



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, the undersigned, authorize the Federal Emergency Management Agency (FEMA), the State of Texas and appropriate agencies of the States of Texas responsible for providing disaster assistance to release information relating to my eligibility for monetary or other forms of assistance arising from the major disaster declared: **Hurricane Ike, FEMA DR-1791-TX** to those agencies that provide disaster-related assistance. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of this federal disaster to insure that benefits are not duplicated. It includes the sharing of information about my application in FEMA's possession or under FEMA's control.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from Voluntary Agencies and/or appropriate Federal and State agencies. However, without my permission, my information cannot be shared with other agencies or organizations for consideration. I understand that I will still receive all FEMA assistance for which I am eligible.

This authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.

I understand that the Disaster Recovery Community Development Block Grant does not allow "Duplication of Benefits" (42 U. S. C 5155 – Section 312), and requires program administrators to verify benefits/assistance as part of the application/assistance process.

Name (Printed) _____ Date _____

Signature

Pre-Disaster Address: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____

Phone or Message #: _____ FEMA Registration #: _____

FEMA Fax Number: 1-800-827-8112