



GHURA

Guam Housing and Urban Renewal Authority

Aturidat Ginima' Yan Rinueban Siudad Guahan
 117 Bien Venida Avenue, Sinajana, GU 96910
 Phone: (671) 477-9851 * Fax: (671) 300-7565 * TTY: (671) 472-3701
 Website: www.guamcdbgdr.org
 Email: fixinsix@ghura.org



Lourdes A. Leon Guerrero
 Governor of Guam

Joshua F. Tenorio
 Lt. Governor of Guam

Third-Party Consent to Release Form

Household Member Information		
Program: Owner-Occupied Rehabilitation and Reconstruction Housing Program		
Applicant and Co-Applicant (if applicable) Name:		
Case ID:		
Property Address:		
City:	State:	ZIP Code:
Adult Household Members (18 years and older)		
Household Member Name	Date of Birth	Contributes Income? (Yes/No)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Purpose of Authorization		
<p>This authorization permits the Guam Housing and Urban Renewal Authority (GHURA) Community Development Block Grant - Disaster Recovery (CDBG-DR) to obtain, verify, and exchange information directly with third-party entities as needed to determine eligibility for disaster recovery assistance, verify losses, prevent Duplication of Benefits, and administer the CDBG-DR Program pursuant to the Stafford Act (42 U.S.C. § 5155) and HUD regulations. This authorization further permits GHURA CDBG-DR to communicate with the applicant's Communication Designee, if designated, for informational and administrative purposes only; the Communication Designee has no authority to make decisions or execute documents on the applicant's behalf.</p>		



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Acknowledgment & Authorization	
<p>I acknowledge and authorize GHURA CDBG-DR to obtain, verify, and exchange information with third-party entities, including but not limited to insurance companies, FEMA, SBA, mortgage lenders, utility providers, employers, and other disaster-related assistance organizations, for the sole purpose of determining my eligibility for CDBG-DR assistance, validating disaster-related damages and needs, and preventing Duplication of Benefits. I understand that this information will be used for data collection for housing purposes and will be protected in accordance with applicable federal privacy laws, HUD regulations, and GHURA CDBG-DR policies. I further acknowledge that this authorization remains valid throughout my application and participation in the program unless revoked by me in writing.</p> <p>I acknowledge that any false, misleading, or incomplete statement made to GHURA CDBG-DR, HUD, or any federal agency, or causing another to do so, may result in civil or criminal penalties, including those under 18 U.S.C. §§ 287 and 1001 and 31 U.S.C. § 3729, and may result in my ineligibility for CDBG-DR assistance.</p>	
<p>Household Member Acknowledgment and Signatures <i>Each household member listed above must individually acknowledge and sign below to authorize verification of income and eligibility, if applicable.</i></p>	
1. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
2. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
3. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
4. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
5. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
6. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
7. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:
8. Household Member Printed Name:	<input type="checkbox"/> Acknowledged
Household Member Signature:	Date:

Attach additional signature pages if needed