



OWNER-APPLICANT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION, RELEASE OF LIABILITY AND SUBROGATION AGREEMENT

I respectfully request and authorize the Volusia County and/or their designees to request and obtain from any third party the information necessary to determine my eligibility and continued participation in the Transform386 Homeowner Recovery Program. I acknowledge and understand that this information will be used to determine the amount of assistance for which I am eligible and to verify the information I provide in my application.

Specifically, I authorize the release of this information to the appropriate Federal, State, and local agencies. This includes, but is not limited to, the following information:

- Other federal disaster benefits received by me (i.e. FEMA Individual Assistance, Small Business Administration loans, etc.)
- Private insurance benefits and/or payments
- Property records (title records, property tax records, etc.)
- Financial Records (including income information)
- Disability Assistance
- Any information necessary to verify information supplied by me.

I hereby direct any third party to release such information upon request of bearer.

RELEASE

I hereby release Volusia County and/or their designees from any and all liability for damages of any type which result from furnishing the information requested herein. I am knowingly and willfully providing this information to Volusia County and/or their designees and understand the purpose for which this information will be used.

PROPERTY ACCESS AND COOPERATION

I hereby grant Volusia County and its designee(s), including the Program Manager and their subcontractors, access to the property (which property is the disaster address contemplated in this application) to make inspections, verify damage and to complete the work. I understand that efforts will be made to provide advanced notice to me of the site visit by Volusia County, the Program Manager, or their designees; however, advanced notice is not guaranteed to me. I agree to cooperate with Volusia County, the Program Manager, and their representatives, and further agree not to unreasonably interfere with any work or inspections of the property. If I unreasonably interfere with the work or inspections in any manner, I understand that I will not be allowed to participate in the program for which I am applying.

SUBROGATION AGREEMENT

I grant Volusia County, the Program Manager, or their designees subrogation rights to recover from any person or entity funds to which I may be entitled for property damage relating to Hurricane Ian. I understand that if I receive future assistance for the same purpose as the CDBG disaster recovery funds provided under Volusia County's program, e.g. insurance proceeds received as a result of a settlement, etc., any funds or benefits received through Volusia County's program must be returned to Volusia County according to its Program Guidelines, which are available on Volusia County's program website.

Volusia County, the Program Manager or their designees may recover other funds due to me up to the amount of assistance provided under the program for which I am applying. I agree that if I receive additional funds for this same Hurricane damage loss after construction is complete, then I will notify Volusia County or their designee within five (5) days of receipt of the funds. Volusia County will direct where funds should be remitted.

CERTIFICATION OF TRUTHFULNESS

I understand the information provided above is collected to determine if I am eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for Hurricane Ian.

I hereby certify that all the information provided herein is true and correct to the best of my knowledge. I understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I authorize the above-referenced Volusia County and any of its duly authorized representatives to verify all information provided on this application.

By signing below, I agree that I have read and understand this document or have had someone explain it to my satisfaction.

CONSTRUCTION STOP WORK NOTICE AND RECEIPT

HUD rules and regulations that govern the environmental review process can be found at **24 CFR Part 58**. The provisions of the National Environmental Policy Act (NEPA) and the Council on Environmental Quality (CEQ) regulations in 40 CFR Parts 1500 through 1508, as well as other state and federal laws and regulations (some of which are enforced by state agencies) also may apply depending upon the type of project and the level of review required.

In order to be compliant with 24 CFR Part 58, activities that have physical impacts or which limit the choice of project alternatives **cannot be undertaken, even with an applicant's own funds**, prior to obtaining environmental clearance. If prohibited activities are undertaken after submission of an application but prior to receiving approval from the Transform386 Homeowner Recovery Program, the applicant is at risk for the denial of CDBG-DR assistance.

In order to be eligible for the Transform386 Homeowner Recovery Program, Applicants must:

- **Stop all on-going construction activities at the time of application to the Transform386 Homeowner Recovery Program.**
- **Wait until the environmental clearance is obtained prior to initiating and/or continuing program approved work on the property.**

Applicants who do not comply with these requirements will be ineligible for assistance and may be subject to repayment of Transform386 Homeowner Recovery Program funding, if already received.



I certify that I have received and understand the Construction Stop Work Notice and that I must:

- **Stop all on-going construction activities as of the date of application to the Transform386 Homeowner Recovery Program.**
- **Wait until the environmental clearance is obtained prior to initiating program approved work on the property.**

I understand that if I do not comply with these requirements, I will be ineligible for assistance and may be subject to repayment of Transform386 Homeowner Recovery Program funding, if already received.

Applicant Signature

Date

Printed Name

Co-Applicant Signature

Date

Printed Name

