



Homeowner Assistance Program (HoAP) FORM B

Communication Designee (Permission to Applicant Information)

Applicant Name:		Application ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	

Instructions: Applicants to the Homeowner Assistance Program (HoAP) can designate a third party to obtain information about their HoAP application. This third party is known as the **Communication Designee** and they will be authorized to make inquiries of the applicant's program status by the methods of delivery selected below. The person or agency designated as the *Communication Designee* is not authorized to sign the grant agreement or any other documents or affidavits on behalf of the applicant unless they also hold a valid Power of Attorney (POA). Applicants may designate an individual or an agency as a *Communication Designee*. If you are using this form authorizing permission to a new *Communication Designee* to access applicant information surrounding your HoAP Application, please complete **Sections 1 and 2**. If you are revoking permission previously granted to a person or agency or Communication Designee, please complete **Sections 1 and 3**. If you wish to authorize or revoke multiple Communication Designees, separate forms should be completed for each designee.

SECTION 1: Information to Access Applicant Information

I do hereby authorize the City of Houston, Texas, Housing Community Development Department (HCDD) Disaster Recovery Division, and/or their affiliates to share the following specific information with:*

Who can access my information: For example: Jane Doe <u>OR</u> ABC Elevation Services	Name: _____ Agency, if applicable: _____
Relationship with this person/agency:	<input type="checkbox"/> Family or Close Friend <input type="checkbox"/> Attorney, CPA, or Similar Professional <input type="checkbox"/> Builder/Contractor <input type="checkbox"/> Non-Profit or Long-Term Recovery Group <input type="checkbox"/> Other: _____
Address and phone number of person/agency (and agency representative name): For example: 123 ABC Street, Agency Rep Name Houston, TX 77025 (830) 555-1234	Address: _____ Telephone: _____ Email: _____
What information may be disclosed (select all that apply): <i>Please note: Specific payment-related inquiries will not be shared with builders/contractors.</i>	<input type="checkbox"/> Contractor Validation Requirements <input type="checkbox"/> Environmental and Asbestos/Lead Inquiries <input type="checkbox"/> Payment Requirements <input type="checkbox"/> Scope of Work Inquiries <input type="checkbox"/> All Documents <input type="checkbox"/> Other: _____
Method(s) of delivery:	<input type="checkbox"/> By phone <input type="checkbox"/> By e-mail** <input type="checkbox"/> In-person meeting ** By selecting this option, you understand that electronic correspondence may not be confidential and may be intercepted and read by other people.
PIN/Password: Required to access application information	PIN/Password: _____
This permission will expire on: For example: 08/10/2018	Expiration Date: _____

**Affiliates may include the City of Houston's contractors, subcontractors, consultants; and partner non-profit or volunteer organizations.*



SECTION 2: Applicant’s Certification (Authorizing) Communication Designee

Instructions: Complete Section 2 **ONLY** if you are **authorizing a new Communication Designee**. Applicant and Co-Applicant (If Applicable) must complete the Certification below.

1. I/We certify that I/we are the owner of the home located at the above-referenced address.
2. I/We understand and acknowledge that I/we do not have to sign a release form, however am hereby doing so freely and voluntarily.
3. I/We understand and acknowledge that I/we do not have to allow any Person/Agency access to information related to my/our HoAP Application.
4. I/We understand that this form authorizes and permits the City of Houston, Texas, Housing and Community Development Department (HCDD) Disaster Recovery Division, and their affiliates to disclose and share information with the Communication Designee.
5. I/We must sign a new HoAP Communication Designee form for each person or agency to whom I/we wish to extend access to and receive information about my/our HoAP application from the City of Houston, Texas Housing and Community Development Department and/or its affiliates.
6. I/We understand that I/we can revoke this permission at **any** time by filling out a HoAP Communication Designee form to revoke this permission and returning it to my/our Housing Advisor or Housing Recovery Center.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Signature - Applicant	Signature - Co-Applicant	Date

SECTION 3: Applicant’s Certification (Revoking) Communication Designee

Instructions: Complete Section 3 **ONLY** if you are **revoking a previously assigned Communication Designee**. Applicant and Co-Applicant (If Applicable) must complete the Certification below.

1. I/We certify that I/we are the owner of the home located at the above-referenced address.
2. I/We hereby revoke permission for the above-referenced Communication Designee to access my/our HoAP application information.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Signature - Applicant	Signature - Co-Applicant	Date

