



**Housing Trust Fund Corporation
NY Rising Housing Recovery Program**

CONSENT AND RELEASE FOR NONPUBLIC PERSONAL INFORMATION

INSTRUCTIONS: Each applicant must fill out this “**Consent and Release Form**” to allow IEM/HORNE, on behalf of the Housing Trust Fund Corporation (HTFC), to request, review and/or share certain nonpublic personal information of you, any co-owner of your property and any of your household members, in order to process your application and otherwise determine your eligibility for assistance from HTFC’s NY Rising Housing Recovery Program (the Program).

You may revoke or end your consent under this form at any time, as indicated below. However, doing so may affect the Program’s ability to process your application and your ability to receive any assistance.

Consent and Release:

I _____ do hereby consent to, and authorize, HTFC (including its partners, affiliates, agents and contractors and other designated representatives to request, review and/or share any and all information received with respect to my application for the Program (“Nonpublic Personal Information” or “NPI”), whether provided by me or by third parties with whom I may or may not have a relationship, as needed to determine my eligibility for the Program and otherwise process the amount of assistance under the Program. I understand and acknowledge that HTFC (including its partners, affiliates, agents and contractors, and other designated representatives), may obtain, use and disclose any NPI it receives with certain third parties (including certain financial institutions, insurers, other government agencies and credit bureaus) in connection with its processing of my application and determination of eligibility for assistance under the Program.

I agree to hold HTFC and its agents, partners, affiliates and contractors, and other designated representatives harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to any disclosure of my NPI.

I understand that I may revoke or terminate this consent and release at any time by giving written notice to designated representatives on behalf of the HTFC. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program.

By completing and signing this form, I acknowledge and agree to the above.

CONSENT AND RELEASE FORM FOR NONPUBLIC PERSONAL INFORMATION

Owner Last Name _____ Application Number _____



Applicant/Owner/Occupant
Name (Printed)

Applicant/Owner/Occupant
Signature

Date

Applicant/Owner/Occupant
Name (Printed)

Applicant/Owner/Occupant
Signature

Date

Applicant/Owner/Occupant
Name (Printed)

Applicant/Owner/Occupant
Signature

Date

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Owner Last Name _____ Application Number _____