

# HOMEBUYER ASSISTANCE PROGRAM

## COMMUNICATION DESIGNEE (PERMISSION TO APPLICANT INFORMATION)



Program:				HAP #:		
Applicant Name:		Co-Applicant Name:				
Current Address	City	State	City	Zip Code		

**Instructions:** Applicants to the Homebuyers Assistance Program (HAP) can designate a third party to obtain information about their HAP application. This third party is known as the **Communication Designee** and they will be authorized to make inquiries into 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 HAP 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:

<b>Who can access my information:</b> For example: Jane Doe OR Cornerstone Home Lending, Inc.	
<b>Relationship with this person/agency:</b>	Family or Close Friend Realtor or Lender Non-Profit or Long-Term Recovery Group Other: _____
<b>Address and phone number of person/agency (and agency representative name):</b>  For example: Cornerstone Home Lending, Inc. Houston, TX 77025 (830)555-1234	
<b>What information may be disclosed (select all that apply):</b>	Eligibility Status Environmental and Inspection Inquiries All Documents Other: _____
<b>Method(s) of delivery:</b>	<b>By phone</b> <b>By e-mail**</b> <b>In-person meeting</b> ** By selecting this option, you understand that electronic correspondence may not be confidential and may be intercepted and read by other people.
<b>This permission will expire on:</b> For example: 01/01/2025	

\*Affiliates may include the City of Houston's 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 currently reside at the property 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 HAP Application.
4. I/We understand that this form authorizes and permits the City of Houston, Texas, Housing and Community Development Department (HCDD) Single Family Division, and their affiliates to disclose and share information with the Communication Designee.
5. I/We must sign a new HAP Communication Designee form for each person or agency to whom I/we wish to extend access to and receive information about my/our HAP 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 HAP Communication Designee form to revoke this permission.

**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.**

<i>Signature - Applicant</i>	<i>Signature - Co-Applicant</i>	<i>Date</i>

**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 currently reside at the property referenced address.
2. I/We hereby revoke permission for the above-referenced Communication Designee to access my/our HAP 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**

<i>Signature - Applicant</i>	<i>Signature - Co-Applicant</i>	<i>Date</i>