



County of Louisa

Consent to Share FEMA/SBA Registration Information

I, _____ (Name) authorize FEMA, SBA, the Commonwealth of Virginia, the voluntary agencies of the Virginia Voluntary Organizations Active in Disaster (Virginia VOAD), the recognized Long-Term Recovery Group serving Louisa County, and the Louisa Earthquake Recovery Fund Management Committee to share information related to my disaster recovery needs. I consent to the disclosure of:

- My entire FEMA case file
- My contact information, FEMA verified loss, FEMA eligibility status, FEMA award amounts only
- My SBA verified loss, SBA eligibility status, SBA approved loan amount
- All of the above

I understand that this consent to release my information does not guarantee that assistance will be provided. Assistance will be determined by need and circumstances based on case work.

Birthplace: _____

Birth Date: _____

FEMA Registration #: _____

FEMA Disaster #: _____

Damaged Home Address: _____

Current Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Alternate Phone Number: _____

This consent is made pursuant to and consistent with 28 U.S.C. 1746. I declare under penalty of perjury that the foregoing is true and correct.

Applicant's Signature

Date