

Release of Information

I attest to and approve the following:

1. I am providing this information to the Missouri Valley Disaster Relief and Recovery Committee (MVDRRC) to request disaster relief and / or recovery assistance.
2. That the information provided on “Attachment A: Household / Business Application” and **all other information** provided in the process of applying for disaster relief or recovery aid is true and accurate.
3. I authorize the release of this information to other aid organizations and persons to administer this program as determined to be necessary by the MVDRRC.
4. I attest that I am a legal resident of Missouri Valley, Iowa and live within the corporate city limits.

I understand that:

- if I am not eligible for benefits under this program,
- or if I have insurance that covers losses claimed,
- or if I have received assistance from other programs for the same claimed items to include but not limited to:
 - a non-profit charitable organization,
 - government program,
 - or Small Business Administration,

I hereby agree to repay any funds acquired through this program back to the MVDRRC. I understand I have the right to appeal eligibility and damage award decisions.

Any applicant may appeal a MVDRRC decision by providing a statement to any Committee member within 10 days of a decision.

Applicant printed name:	Applicant printed name:	Date:
Applicant signature:	Applicant signature:	Date:

Note: Both spouses must sign (if applicable)