



NEIGHBORHOOD PLACE OF PUNA

To Nurture, Strengthen, and Celebrate Ohana

www.neighborhoodplace.org

16-105 'Ōpūkaha'ia St.
Kea'au, HI 96749

ph: (808) 965-5550
fx: (808) 965-5109

DCM FEMA Written Consent

FEMA Applicant Information	
First and Last name of Applicant	
Current Mailing Address of Applicant	
Applicant Current Phone Number	
FEMA Applicant Number	

I _____
 born on _____
 and born in the city of _____,
 whose damaged property address is:

_____ hereby consent to
 the disclosure of any and all information collected by FEMA under my applicant number above to
 NAME OF ORGANIZATION, in care of my disaster case manager or another person representative of
 the organization acting on behalf of the applicant, whose address and contact information is:

Neighborhood Place of Puna
 16-105 Opukahaia St
 Keaau, HI 96749
 808-965-5550

I specifically consent to have my entire case file disclosed to the organization, including but not limited to, FEMA VERIFIED LOSS, INSPECTION REPORT, AMOUNT OF ASSISTANCE GRANTED, SBA APPLICATION STATUS AND PROPERTY DAMAGE ASSESSMENT. Additionally, I consent to have the above named organization and/or individual(s) speak on my behalf and represent me before FEMA.

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

Signature: _____

Date: _____