V.1 |05-13-2022

**CDBG-DR/MIT PROGRAM**

**THIRD-PARTY AUTHORIZATION FORM**

**FOR RELOCATION ASSISTANCE PAYMENTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with case number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Applicant or Co-Applicant name) (Program ID or URA Case #)*

authorize the Third Party named below to make the specified payments described below on my behalf using relocation assistance funds that have been awarded to me for the purpose of facilitating my relocation from the damaged property located at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(address of damaged property)*

|  |
| --- |
| **Third-Party Information** (*All applicable fields must be completed)* |
| **Third-Party Name**  |  | **Phone Number** |  |
| **Third-Party Employer** *(Entity, Agency, Individual)* |  | **Phone Number** |  |
| **Mailing Address** |  | **E-mail** |  |
|  |
| **Office Address** |  |  |  |
|  |

Complete the following table. Please include your initials for each type of payment that you authorize the third party to make on your behalf during the term of this Third-Party Authorization Form.

|  |  |  |  |
| --- | --- | --- | --- |
| *Payment Type* | *Initials to authorize this payment type* | *Authorized Payee**(person or business to be paid)* | *Payment Frequency (monthly, one-time, etc.)* |
| Rental Assistance Payment |  |  |  |
| Security Deposit Assistance |  |  |  |
| Moving Costs |  |  |  |
| Storage Costs |  |  |  |
| Broker Fees |  |  |  |

By signing below, I explicitly allow, consent, and authorize the third party mentioned in this Authorization Form to make direct payments on my behalf for the sole purpose of facilitating the relocation from my damaged property at the address established above. This does not give the authorized third-party permission to subrogate my rights to receive the relocation assistance funds or benefits awarded to me by the federally-funded Program.

By authorizing the third party named above to make payments on my behalf, I understand that all of the obligations and requirements established by the [Subrecipient/Agency Name) shall remain my sole responsibility and will not be transferred over to the third party.

Therefore, I hereby:

* Recognize that in the case where the third party is late in making a payment or the payment is not made on my behalf, it can affect my eligibility to receive the assistance provided by the [Subrecipient/Agency Name).
* Release, to the extent permitted by applicable law, the Puerto Rico Department of Housing (grantee), the [Subrecipient/Agency Name), its employees, designees, agents and/or representatives, from all responsibility and/or liability of any kind or nature caused to me or that I may suffer, and the cost of expenses in which I may have to incur, as a result of complying and attempts to comply, with the Program requirements.
* Acknowledge that I have been informed and understand the penalties for making a materially false or misleading statement to obtain CDBG-DR/MIT funds under the [Subrecipient/Agency Name) or any other CDBG-DR/MIT Program.

This authorization shall be in full force and effect until the relocation activities authorized above have been completed. At that time, this authorization to make a payment on my behalf expires. However, I understand that I have the right to revoke this authorization at any time by notifying my Case Manager.

By signing below, I affirm that I have read and understood this document or have had someone explain it to my satisfaction. I also attest that I sign this Acknowledgment and Consent statement willingly and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Applicant or Co-Applicant signature*) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Applicant or Co-Applicant printed name*)