

**AUTHORIZATION TO DISCLOSE AND
RECEIVE APPLICANT INFORMATION**

I hereby authorize Brevard County, Florida, the Brevard County Housing and Human Services Department, its officers, employees, representatives, agents and assigns (hereinafter collectively "Brevard County") (1) to disclose any and all information, including, but not limited to, income, assets and liabilities, employment history, tax information, and/or social security number, contained in my Coronavirus Assistance Program Application to another agency or party and (2) to receive any and all information, including, but not limited to, income, assets and liabilities, employment history, tax information, and/or social security number, from another agency or party to the extent such disclosure/receipt is deemed necessary by Brevard County in order to determine my eligibility to receive funds under the Coronavirus Assistance Program or similar program. I understand, agree and consent to the fact that this Authorization to Disclose and Receive Applicant Information form shall be my only notice of any such disclosure/receipt of information by Brevard County. This authorization shall expire on December 31, 2020 and is not intended to waive any applicable exemption for any request made pursuant to Chapter 119, Florida Statutes.

Applicant Name

Applicant Signature

Date