



Permission to Access Applicant Information Form

NJDEP Blue Acres Program

Important Note: The Blue Acres buyout process requires coordination between Blue Acres staff and local government officials to plan for the long-term land stewardship needs of properties proposed for a voluntary buyout. To this effect, Blue Acres shares general information with local contacts, including the affected buyout address and anticipated implementation timelines; however, Blue Acres staff do not disclose offer amounts, incentive amounts, contract conditions or other sensitive information such as an applicant's responses to eligibility applications.

Instructions: Complete Section 1 and 2 of this form if you would like to grant permission to a person or agency to access specific information surrounding your application for a HUD-funded buyout. Complete Section 3 only if you are revoking permission previously granted. In both instances, please sign and return to Blue Acres.

Section 1: Information Regarding Access to Applicant Information

I authorize the New Jersey Department of Environmental Protection Blue Acres Program ("Blue Acres") and/or its affiliates to share the following specific information with:

- a. Who can access my information:** _____
(for example: Jane Doe, ACB Legal Services or Mayor and/or Floodplain Manager of municipality)
- b. Relationship with this person/agency:**
Non-Household family member or close friend
Attorney, CPA, or Similar Professional
Local Government Official
Non-Profit or Long-Term Recovery Group
Home Lending Institution Representative(s)
Other: _____
- c. What information may be disclosed (select all that apply):**
Offer & incentive amounts, including DOB adjustments
Buyout implementation status, including appraisal appeal decisions
Income-based eligibility determinations for buyout and incentives
Reported household & property hardship caused by flooding impacts
Other: _____
- d. Phone Number and Address of person/agency:** Phone: _____
Address: _____
Street City State, Zip code
- e. Method(s) of Delivery Opt-Out:** Methods will include communication by phone, email, and/or in-person unless you opt out below. If you prefer to remove any of these options, please specify which (select all that apply):
By Phone By Email In-Person Meeting

Section 2: Applicant's Acknowledgements: Please initial in the line at the left of each statement.

- _____ I understand that I do not have to sign a release form, and that I do so freely and voluntarily. I do not have to allow any person/agency access to information related to my application.
- _____ I understand that this form can only be used to access information with the selected person or agency. I must sign a new Permission to Access Applicant Information Form for each person/agency to whom I wish to extend access to my application information.
- _____ I understand that I can revoke this permission at any time.

Section 3: Applicant's Revocation of Permission: Please initial in the line at the left of the statement if applicable.

- _____ I hereby revoke permission for the above person/agency to access my application information.

Applicant Signature: _____ **Date:** _____

Applicant Name: _____ **Applicant Program ID:** _____

Applicant's Affected Buyout Address: _____