

Exhibit O
Mortgage Revenue Bond / CDBG Assisted Program
Consent and Release Form
Nonpublic Personal Information Form

I (Applicant) do hereby consent to and authorize **Louisiana Housing Corporation**, its partners, affiliates, agents, contractors and their respective assigns (collectively "**SUBRECIPIENT**"), and the Office of Community Development and its employees, agents, and contractors (collectively "**OCD**") as part of my application for the Mortgage Revenue Bond / CDBG Assisted Program, to request, access, review, disclose, release and share any and all Nonpublic Personal Information ("**NPI**"), whether provided by me in this application or by additional outside third parties with whom I may or may not have a relationship, as necessary for final determination of my eligibility for and the amount of assistance under the Program. I understand and acknowledge that any party disclosing information to the **SUBRECIPIENT** and **OCD** on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold any such disclosing party harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this consent, I further authorize **SUBRECIPIENT**, **OCD**, and any other financial institution, lender, insurer, other government agency (federal or state), credit bureau, financial service provider or any other third party to obtain, use and disclose any of my NPI in their possession, as necessary, to enable **SUBRECIPIENT** and **OCD** to administer the Program and to enable **SUBRECIPIENT** to process my application.

I understand and acknowledge that **OCD** and **SUBRECIPIENT** may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary for final determination of my eligibility for and the amount of assistance under the Program.

I understand and acknowledge that my consent may be revoked at any time with written notice to, as applicable, **OCD** or **SUBRECIPIENT**. I further understand and acknowledge that any such revocation of this consent may affect my ability to receive assistance under the Program.

By completing and signing this application, I acknowledge and agree to the above and agree that this consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

Signature of Applicant Providing Consent

Phone Number

Printed Name of Applicant Providing Consent

Property Address

Property City

Property State

Property Parish

Property Zip Code

LHC SINGLE FAMILY REQUIRED DOCUMENT AS OF 09/25/2024