**MUNICIPAL/NON-PROFIT ORGANIZATION OWNER**

**CERTIFICATION AND INFORMATION RELEASE**

I/We certify that the information contained Vermont Community Development Program CARES Act Application is complete and accurate.

I/We hereby authorize the Federal Emergency Management Agency, the Small Business

Administration, Vermont Economic Development Association and other applicable public, private state agencies to release information, regarding total grants and loans received as part of the coronavirus pandemic recovery assistance, to the State of Vermont, Vermont Community Development Program , in order to assist them in determining my eligibility for this program.

I/We will notify the Agency of Commerce and Community Development, Department of Housing and Community Development (DHCD) of any additional proceeds or payments received that are not listed on the Municipal/Non-Profit Owner Assistance Affidavit and will provide authorization to release this information.

Any misrepresentation or false information may result in my application being cancelled or denied, or in termination of assistance.

I/We understand that if any statements are found to be false, I/We may be subject to criminal, civil and administrative penalties and sanctions. I/We understand that fraud may be investigated by the

Department of Housing and Urban Development, Office of Inspector General, and may be

punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641.

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| --- | --- | --- |
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| *Municipal/Non-Profit Owner Signature* |  | Date |
|  |  |  |
| *Municipal/Non-Profit Owner Signature* |  | ***Date*** |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Notary Seal***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Notary Signature Date***

***(can electronically signed with notary certificate number)***