

Southwest Iowa Planning Council
Revolving Loan Fund
Consent and Release Form Nonpublic Personal Information

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Instructions: You must fill out this form in order to allow Southwest Iowa Planning Council (SWIPCO) to share yours, all of your household member's information, and all owner's non-public personal information with agencies and companies in order to process your application.

You may end this agreement at any time however, if you end the agreement, SWIPCO will not be able to process your application.

This form does **NOT** need to be signed in front of a notary public.

I (Applicant/Owner/Occupant) do hereby consent to and authorize SWIPCO (including its partners, affiliates, agents, contractors and their respective assigns), as part of my application for the SWIPCO Revolving Loan Fund (the "Program"), to request, access, review, disclose, release and share any and all information received with respect to my application for the Program ("Nonpublic Personal Information" or "NPI"), whether provided by me in my application or otherwise provided by me, or by additional outside third parties with whom I may or may not have a relationship, and only as necessary or desirable, in the sole discretion of SWIPCO, for final determination of my eligibility for and the amount of assistance under the Program. I, as Primary Applicant/Owner/Occupant, authorize the release of all household member's(s') and owner information in order to comply with the Program eligibility and benefit determination requirements. I understand and acknowledge that any party disclosing information on behalf of SWIPCO or to SWIPCO on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold SWIPCO and such disclosing parties 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 SWIPCO and any other financial institution, lender, insurer, 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 or desirable, in the sole discretion of SWIPCO, to enable SWIPCO to administer the Program and process my application.

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I understand and acknowledge that SWIPCO may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary or desirable, in the sole discretion of SWIPCO, for final determination of my eligibility for and the amount of assistance under the Program. All NPI will be retained by SWIPCO in accordance with Program requirements.

My consent may be revoked or ended at any time by giving written notice to SWIPCO. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. Unless revoked by me, this Consent shall remain in full force and effect until all obligations to SWIPCO are satisfied in full.

By completing and signing this form, 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.

Applicant/Owner/Occupant

Signature

Date

Social Security Number