

SIGNATURE PAGE

Applicant's Social Security Number
or Individual Taxpayer ID Number

**Inflation Reduction Act
Financial Assistance**

OMB No: 0503-0028

Instructions: Please review the following statements and initial where indicated. Sign and date the form and print your name at the end of the form.

For all applicants, please initial in acknowledgement of the following:

Initial Here

I Certify that the information provided in this Application and any documents provided in support of this Application are true and accurate to the best of my knowledge, and I declare under penalty of perjury that the foregoing is true and correct. **I Understand** that false statements or applications made in connection with the Application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, including as provided in 18 U.S.C. § 1001, and that applications that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.

Initial Here

I Understand the submission of this Application authorizes the U.S. Department of Agriculture to collect this information under the Privacy Act and I have read and understand the Privacy Act Notice provided. Consistent with that Notice, **I Consent** to the disclosure of any records or information relating to my Discrimination Financial Assistance Program (DFAP) application for the routine uses described in that Notice, and **I Further Authorize** such disclosures for the purpose of determining qualification and/or financial assistance for my Application to: agency contractors assisting in the administration of the Financial Assistance Fund; other federal, state, or local agencies, including the U.S. Department of Treasury.

Initial Here

I Authorize the U.S. Department of Agriculture to obtain any information relating to my Application under the Inflation Reduction Act Section 22007 Discrimination Financial Assistance Program (Program or DFAP) for the purpose of evaluating my Application for financial assistance to the DFAP from any other federal, state, or local agencies or other sources having information relating to my Application. This information may include but is not limited to government and financial information about me or the individual whom I represent. **I Further Authorize** individuals, entities, and federal, state, and local agencies, having information pertinent to my Application, to release such information to a duly accredited representative of the U.S. Department of Agriculture during the review of my Application to the DFAP, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. I acknowledge that I have the right to revoke this Authorization at any time, except to the extent that DFAP and the entities listed above have already acted based on this Authorization. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense subject to a \$5,000 fine.

Signature of applicant

Date of signature

Printed name of applicant