

LAW OFFICE OF
TEXAS RIOGRANDE LEGAL AID, INC.

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FORWARD TO TEXAS HEALTH AND HUMAN SERVICES- OTHER NEEDS ASSISTANCE

VIA FACSIMILE 1-800-827-8112

FEMA- Individuals and Households Program
P.O. Box 10055
Hyattsville, MD 20782

Re:
FEMA Application:
DOB:
SSN:

Dear FEMA :

Our non profit law firm represents _____ in the matter referenced above. Attached is a copy of _____ Written Consent for Disclosure of Information (EXHIBIT 1); a copy of Drivers License (EXHIBIT 2); Sworn Declaration by _____ regarding the facts surrounding the termination of his homeowners insurance prior to the disaster (EXHIBIT 3); A letter from the insurance company regarding the insurance termination is also attached (EXHIBIT 4).

Please forward this letter and attached exhibits to Texas Health and Human Services- Other Needs Assistance Program for their review.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

TEXAS RIOGRANDE LEGAL AID, INC.


Brittany Perrigue
Attorney at Law

cc:



I, _____, born on _____, and residing at _____ with mailing address same, hereby consent to disclosure of the information collected by FEMA under my Application Number _____ to the organization and individuals listed below. My phone number is _____

Place of birth: _____

I specifically consent to have the following information disclosed to them:

My entire case files, including inspection report, amount of assistance etc.

My current contact information:
(Name, address, phone number,
e-mail address and FEMA application
number).

The above information may be disclosed to the following organizations and/or individuals.

Texas RioGrande Legal Aid and their staff, including but not limited to:

Linley Boone-Almaguer, Tracy Odvody Figueroa, Daniel Hernandez.....

Additionally I consent to have the above named organizations and/or individuals speak on my behalf and represent me before FEMA.

Additionally I consent to disclosure of my information to any other organization that is a Member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for FEMA-D-XXXX-XX

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

Sign and date: _____

SWORN DECLARATION BY

My name is _____
make this Declaration.

I am over the age of eighteen (18) and I am competent to

Prior to the disaster I had homeowners insurance on the damaged property located at _____
When I applied for FEMA assistance I stated I had insurance on my application. When I called my insurance company to file a claim I was informed that my insurance coverage had expired in the months prior to the disaster and that I was uninsured. Therefore, at the time of the disaster I did not have any property or contents insurance on the damaged property located at _____

I DECLARE under penalty of perjury that the foregoing is true and correct.

Signed: _____

Date: 12/04/18

Sworn to and subscribed before me on this 4th day of December, 2018.



Graciela T. Macias
Notary Public State of Texas

Policy Number: [REDACTED] **Policy Effective Date:** 09/16/2016
Process Date: 06/22/2017 9:31 AM **Policy Expiration Date:** 09/16/2017 12:01 AM at property address

Named Insured and Mailing Address:

Agency:

Address:

Phone Number:

Phone Number:
Email:

CANCELLATION EFFECTIVE DATE:
08/14/2017 12:01 AM STANDARD TIME AT THE INSURED LOCATION

Dear Policyholder(s):

You are hereby notified, in accordance with the terms and conditions of this policy and Texas law, that your insurance will cease on the Cancellation Effective Date stated above due to the return of your payment for non-sufficient funds.

Earned premium to pay your policy to the Cancellation Effective Date stated above is due, along with an NSF Fee. Please remit the Payment Due stated below by certified or cashier's check to avoid further action.

Earned Premium Due:	\$63.97
NSF Fee:	\$0.00
Payment Due:	\$63.97

If it is your intent to continue the coverage under this policy beyond the Cancellation Effective Date stated above, please remit the Total NSF Payment Due stated below by certified or cashier's check prior to the Payment Due Date.

Premium Due:	\$63.97
NSF Fee:	\$0.00
Total NSF Payment Due:	\$63.97
Payment Due Date:	08/14/2017

If payment of the Total NSF Payment Due is not received by the Payment Due Date, this coverage will remain cancelled, however, the Earned Premium Due and NSF Fee will remain due and payable.

Reason for Cancellation: Payment returned - Non Sufficient Funds

Location of Insured Property: