



AUTHORIZATION TO RELEASE INFORMATION

PERSON(S) GRANTING PERMISSION TO RELEASE INFORMATION

Name: _____
Phone: _____
E-mail: _____

Name: _____
Phone: _____
E-mail: _____

AFFORDABLE PROPERTY ADDRESS: _____

TO WHOM IT MAY CONCERN:

By my/our signature above I/we hereby authorize the exchange of the following information:

- (List information) _____
- (List information) _____
- (List information) _____

between the following parties – please list contact information for each checked party:

- Department of Housing Stability
- Real Estate Agent: Name: _____
Phone: _____
E-mail: _____
- Lender: Name: _____
Phone: _____
E-mail: _____
- Attorney: Name: _____
Phone: _____
E-mail: _____
- Other: Name: _____
Phone: _____
E-mail: _____

I/we may revoke this authorization in writing at any time, except for information which has already been released in accordance with this authorization prior to my/our revocation.

Signature Date Signature Date