

Brattleboro Area Community Land Trust
A Partner of the NeighborWorks® Homeownership Center of Southeast Vermont
192 Canal Street
Brattleboro, Vermont 05301
802-254-4604

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

Name(s) of Person(s) applying for technical or financial assistance:

_____ Social Security Number: _____

_____ Social Security Number: _____

_____ Social Security Number: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

My signature below authorizes the release of financial information to the BACLT HomeOwnership Center from and to VHFA, any credit reporting agency or any mortgage lender which I have supplied in connection with obtaining a mortgage loan. It also authorizes the BACLT HomeOwnership Center to share information with VHFA and NeighborWorks® for the purpose of evaluating the success of the HomeOwnership program. This information includes, but is not limited to: income, credit, debts, or information on the property I wish to purchase or which I already own. Authorization is further granted to the credit reporting agency or mortgage lender to use a photostatic reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

As a client of the BACLT HomeOwnershipCenter, I understand that, should I have difficulty in paying my mortgage, I have the option of contacting the HomeOwnership Center for assistance in working with my lender to prevent the loss of my home. I am also aware that if I fail to make my monthly mortgage payment within 16 days of the payment due date, the servicer of my mortgage loan may refer me to the BACLT HomeOwnership Center for help.

I hereby authorize my mortgage lender to release to the BACLT HomeOwnership Center a copy of my HUD 1 settlement statement to help the center meet its reporting and statistical requirements.

I hereby authorize the loan servicer(s) or assigned attorney to release certain information related to the servicer's or servicers' own credit experience with me to the BACLT HomeOwnership Center and request that this counseling party contact me.

BORROWER SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____

BORROWER SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____

On behalf of the Brattleboro Area Community Land Trust's NeighborWorks® HomeOwnership Center, I hereby verify that the borrowers listed above are customers of the HomeOwnership Center.

NAME: _____ **DATE:** _____