

Authorization to Release Information

Borrower: _____

Last Four Digits of Borrower Social Security Number: __ _ _ _

Co-Borrower: _____

Last Four Digits of Borrower Social Security Number: __ _ _ _

Co-Borrower: _____

Last Four Digits of Borrower Social Security Number: __ _ _ _

Property Address: _____

_____ Zip Code: _____

Telephone Numbers: _____ Email: _____

Servicer: _____ Loan Number: _____

Servicer: _____ Loan Number: _____

Conventional () FHA () VA () Conventional () FHA () VA ()

Nonprofit Agency: **Klamath and Lake Homeownership Center**
1803 Main Street; Klamath Falls, OR 97601

Housing Counselors: **Kim Walls** and **Michelle Scott**
Emails: kwalls@klcas.org and mScott@klcas.org Telephone: **541-882-3500**

I/we authorize that nonprofit agency named above (herein after “Nonprofit Agency”) and its representatives to speak with my/our lender and with whomever have servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above. This authorization is valid for 12 months from date listed below.

Borrower

Date

Co-Borrower

Date

Co-Borrower

Date

Housing Counselor

Date

Loan Number: _____

Loan Number: _____