



Authorization to Release Information

To whom it may concern:

1) Applicant understands and agrees that as part of the process, Sammi Rae of Hope may verify information contained in the application and in other documents required in connection part of its quality control review.

2) Applicant understands and agrees that Sammi Rae of Hope its Agents and/or Assigns may address this Authorization to any party named in the Application and Applicant hereby authorizes any addressee to provide to Sammi Rae of Hope its Agents and/or its Assigns, any and all information and documents requested, including, but not limited to employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns. A copy of this authorization may be accepted as an original.

Notice to Applicant: This is a notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA/VA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your application will be available to HUD/FHA/VA without further notice or authorization but will not be disclosed or released by this institution to other Governmental Agency or Department without your consent except as required or permitted by law.

Applicant Signature

Social Security Number

Date

Applicant Signature

Social Security Number

Date