



RELEASE OF INFORMATION FORM

Applic	ant Name:	Date of Birth:
Co-app	plicant Name (if applicable)	Date of Birth:
part o in my/ applica	f the application process, Habitat for Humanit our application and in other documents requiation process. I understand that if I am accep	cy Portland Region may verify and share information contain fired in connection with the potential mortgage loan during to poted into the program, this release of information will still
writing used a detern outside information	g to both the person giving and the person rece as stated on the consent. I understand the requ mine eligibility for Habitat for Humanity hom e the agency except as required and permit nation or the information requested from the n ation for approval as a prospective mortgagor o	eiving the information. Any information already released may uested or provided information is needed to plan services or reownership. The information provided will not be disclosted by law. I understand that I do not have to provide the oted organizations, employers or landlords, but if I do not your borrower may be delayed or rejected.
releva		
	My Current and Past Employers and Income	Applicant Initials Co-applicant Initials
	My Current and Past Landlords	Applicant Initials Co-applicant Initials
	American Alliance for Homeownership (AAAH	l), the Immigrant & Refugee Community Organization
	Other:	
This is records records	s held by the financial institutions in connection wi s involving your transaction will be available to HUD/ ed by this institution to another Government Agency	ith the consideration or administration of assistance to you. Financ /FHA without further notice or authorization but will not be disclosed
By my	Habitat Partners: Home Forward, Proud Ground, Hacienda CDC, NAYA, Portland Housing Center, African American Alliance for Homeownership (AAAH), the Immigrant & Refugee Community Organization (IRCO), and community lending partners such as Chase, Umpqua, BannerBank, OnPoint and HomeStreet. Other: To Borrower: Totic Borrower: Totic Borrower: Totic Borrower: Totic Borrower: Totic to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has the right to access financial held by the financial institutions in connection with the consideration or administration of assistance to you. Financial involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or by this institution to another Government Agency or Department without your consent except as required or permitted ignature below, I affirm that I have read this release or it has been read to me, and I understand its content. Int's Signature: Date Date Date Date Date	
Applic	ant's Signature:	Date
Co-app	plicant's Signature:	Date
Currer	nt Mailing Address:	