Information Disclosure Authorization

I/We herby authorize you to release to One Roof Community Housing, Inc., its agents or assigns, to verify my/our past and present information regarding the following information as requested on the attached forms concerning:

- Homeowner's insurance information, I permit One Roof to make Mortgagee additions to my policy.
- Community Land Trust information, I permit One Roof to disclose loan information to the CLT department.
- Employment history, dates, job title, income, hours, etc.
- Any income or financial assistance received from Government Entities, Social Security, VA benefits, Retirement, Fuel Assistance, etc.
- Checking, savings and any investment accounts of record
- Outstanding and lines of credit
- Mortgage loan history/Contract for Deed (opening date, high credit, payment amount, loan balance, payment record and balloon payment date and amount)
- Landlord references
- Student loan verification
- Credit history verification
- All other information requested as deemed necessary to verify our application.

This information is for the confidential use of One Roof Community Housing, Inc. in evaluating an application for a loan. This information may also be obtained in conjunction with a Quality Control review of the file after the loan has closed.

Complete the information below to add an Authorized Representative to your application. An Authorized Representative will have access to your loan information and can assist you through the application process. This could be a spouse, parent, child, caseworker, friend, etc.

Representative: _____ Relationship: _____

Email address: _____ Phone: _____

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

_____	_____	_____
Applicant – please print	Social Security Number	Date of Birth
_____	_____	
Applicant Signature	Date	
_____	_____	_____
Co-Applicant – please print	Social Security Number	Date of Birth
_____	_____	
Co-Applicant Signature	Date	