

Authorization for Release of Information

I _____ (SS#) _____
(DOB) _____ hereby authorize the Vermont State Housing Authority to obtain and / or release all records, reports, homeownership counseling evaluations and any other information pertinent to my possible participation in the Homeownership Program through Vermont State Housing Authority.

Agencies that I authorize VSHA to release information to and obtain information from include, but are not limited to: the Neighborworks© Homeownership Centers, Lending Institutions, Creditors, and Home Inspectors. Request may involve, but are not limited to: information regarding finance terms, down payment, credit reports, participation and progress in homeownership counseling, and the results of home inspections.

By signing this release, I am granting unlimited communication that will not be terminated until I am no longer considering, applying to, or participating in the VSHA's Homeownership Program.

Applicant/Participant

Date

VSHA Representative

Date