



AUTHORITY TO VERIFY APPLICATION INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make other inquiries pertaining to my qualification for participating in the CHA-DPA Program. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor may be delayed or rejected.

Applicant Signature

Date

Applicant Name (typed or printed)

Co-applicant Signature

Date

Co-applicant Name (typed or printed)