



Authorization to Release Information

Borrower: _____ SS#: _____ - _____ - _____

Co-Borrower: _____ SS#: _____ - _____ - _____

Property Address: _____
_____ Zip Code _____

Telephone Number: _____ Email: _____

Lender/Service: _____

Loan Number: _____

Nonprofit Agency: **Willamette Neighborhood Housing Services**

Loss Mitigation Specialists:

Kym O'Hare (541) 752-7220 ext. 305 Kym.Ohare@w-nhs.org	Anna Balkema (541) 752-7220 ext. 309 Anna.Balkema@w-nhs.org	Holly Needham (541) 752-7220 ext. 309 Holly.Needham@w-nhs.org
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I/we authorize that Willamette Neighborhood Housing Services (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whoever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

Borrower

Date

Co-Borrower

Date