

## **Authorization to Release Information**

Property Name:		
Pr	operty Address:	
То	Whom It May Concern:	
1.	The Borrower(s) listed below has (have) applied for a Loan from the West Virginia Housing Development Fund (the "Fund"). As part of the application process, the Fund may verify information contained in the loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.	
2.	The undersigned authorizes you to provide to the Fund any and all information and documentation that is requests regarding the undersigned Borrower(s). Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balance; credit history; and copies of income tax returns. The Fund may address this authorization to any party named in the loan application.	
3.	A copy of this authorization may be accepted	as an original.
Pri	inted Name (if Borrower is an individual)	Printed Name (if Borrower is an individual)
Signature		Signature
Social Security Number		Social Security Number
Date		Date
Bu	siness Name (if Borrower is a business) and FEII	N (if available)
Ву	r:Authorized Representative's Signature	
Tit	ile:	
Da	nte:	