

AUTHORIZATION TO RELEASE INFORMATION

This Form Must Be Signed and Original Returned With Application

I have applied for a loan through the City of Coon Rapids Mortgage Assistance Foundation ReGenerations Down Payment Assistance Loan Program. As part of the application process, employees of the City of Coon Rapids may verify information contained in my/our loan application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing and may be performed either by employees of the City or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of the City of Coon Rapids.

I authorize you to provide to the City of Coon Rapids and to any investor to whom the City may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to, employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply to this information release is requested and appreciated.

Thank you.

<hr/>	<hr/>
Print Name	Signature
<hr/>	<hr/>
Social Security Number	Date

NOTE: A separate AUTHORIZATION TO RELEASE INFORMATION form is required for each individual who is an applicant, co-applicant, guarantor or other individual whose information is considered in the application.