



AUTHORIZATION TO RELEASE INFORMATION

I understand that providing false information or providing false statements may be grounds for denial of my application. I agree to provide verification of all income and assets as required. I further authorize disclosure of all information that will verify my income and assets.

I/We authorize the release of information requested by the Workforce Housing Lending Corporation (WHLC) to verify our eligibility for services. This information may include inquiries about credit history, rental history, employment, income, pensions, assets, federal, state, or local benefits, etc.

I/We further authorize the sharing of information, including but not limited to such documents as the Offer to Purchase, Loan Application, Loan Estimate, Closing Disclosure, Third-Party Project Inspection and Appraisal. I/We authorize sharing of information with financial institutions, real estate professionals, courts and attorneys, US Department of Housing and Urban Development (HUD), Wisconsin Housing and Economic Development Authority (WHEDA), NeighborWorks Green Bay, and other agencies as listed in this application.

I/We verify that the information on this application is true and complete to the best of my/our knowledge and belief. I/We consent to the release of such information to qualify for Workforce Housing Lending Corporation's loan program.

I/We agree that photocopies of this authorization may be used for the purposes stated above. I/We acknowledge that I/We received, reviewed, and agree to Workforce Housing Lending Corporation's Authorization to Release Form. The information the lender obtains is only to be used in the processing of my/our application for a loan with the Workforce Housing Lending Corporation.

Borrower's Signature

Date

Print Name

Co-Borrower's Signature

Date

Print Name

Aug 2024