

Authorization to Release Information

Applicant's Full Name _____ D.O.B. _____ SS# (Last 4 #'s) _____

Physical Address _____

Applicant's Employer _____

Co-Applicant's Full Name _____ D.O.B. _____ SS# (Last 4 #'s) _____

Physical Address _____

Co-Applicant's Employer _____

I hereby authorize Florida Home Partnership (FHP), through SARMA/Mortgage Services (MAF) **to verify information on my credit and public records** provided through SARMA. I further approve FHP to forward a copy of my credit report, past and present employment records, bank accounts, stock-holdings and any other asset balances that are needed to process my mortgage application to participating lending institutions such as USDA-RD, Hillsborough County, Florida Housing Finance Corporation and any other mortgage institutions or homebuyer agencies, for the purpose of obtaining a Mortgage Loan. I authorize the above listed institutions to also provide my credit information to Florida Home Partnership, as needed.

It is understood that a photocopy or facsimile of this form validates the borrower's authorization.

Information obtained from me is to be used in processing my mortgage application and subsequent control.

I hereby acknowledge that I am fully aware that falsifying information on my application in order to obtain a mortgage loan is a federal crime punishable by fine, or imprisonment, or both.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____



Florida Home
PARTNERSHIP

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Hillsborough
County **Florida**

*Florida Home Partnership is an equal opportunity provider and employer
USDA is an equal opportunity provider, employer and lender.*

