



Authorization to Release Information

Full Name _____

Full Name _____

SS# (Last 4 #'s) _____

SS# (Last 4 #'s) _____

D.O.B. _____

D.O.B. _____

Physical Address _____

Physical Address _____

Employer _____

Employer _____

Applicant

Co-Applicant

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.

Borrower

Date

Co-Borrower

Date

Revised Oct. 2021

Florida Home Partnership, Inc. is an equal opportunity provider & employer.

