



## APPENDIX 6 AUTHORIZATION TO RELEASE INFORMATION

1. I/we have requested a loan, a loan extension and/or a loan modification through the **City of Asheville Housing Trust Fund** program. As part of his request, the City of Asheville, its assigns, affiliate lenders, associated investors, or regulatory examiners, may obtain or verify information contained in my/our loan request and in other documents required in connection with the Housing Trust Fund request, either before the loan is closed, or after as part of a quality control program.
2. I/We hereby authorize you to provide the **City of Asheville**, its assigns, affiliate lenders, associated investors, or regulatory examiners, with all or any written or verbal information relating to my/our Housing Trust Fund request. Such information includes, but is not limited to my/our income, money markets, construction and permanent loan terms, sources of equity, collateral, assets and liabilities, deposit verifications, loan payment history, loan balance(s), maturity date(s), lines of credit, repayment terms, extensions, credit history, credit reports, copies of income tax returns, any pending litigation resulting from non-payment, and obtaining and verifying references.
3. I/We hereby authorize the **City of Asheville** to order copy(s) of my/our credit report from any credit service, to perform background checks and UCC searches on myself and any related person or entity during the underwriting of my/our loan request or if funded, during the loan term.
4. My/our signature/s below also authorizes credit reporting agencies to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my/our credit report. A copy of this authorization form may be accepted as the original.
5. Your prompt reply to the City of Asheville it assigns, affiliate lenders, associated investors, or regulatory examiners or any other investor considering or working on the loan is appreciated.

*(For a partnership, all partners must sign)*

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Signature of Applicant

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Date

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Name of Applicant (printed)

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Social Security Number or Tax Id Number

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Business Name

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Business Address

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Signature of Applicant

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Date

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Name of Applicant (printed)

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Social Security Number or Tax Id Number

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Business Name

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Business Address