**BORROWER’S AUTHORIZATION TO RELEASE INFORMATION**

|  |
| --- |
| I/we hereby authorize the staff of the City and County of San Francisco, Mayor’s Office of Housing and Community Development (MOHCD) to communicate, review, request and share information, including but not limited to documents or forms with/to/from my/our senior mortgage lender, insurer, subordinate lien holder(s), title company and HUD-approved non-profit housing counseling agency providing services related to my/our request for a loan and foreclosure intervention.Sunshine Ordinance. The Borrower understands that under Section 67.24(e) of San Francisco Administrative Code, applications for financing and all other records of communications between the City and the Borrower must be open to public inspection immediately after a contract has been awarded. All information provided by Borrower which is covered by that ordinance (as it may be amended) will be made available to the public upon appropriate request |

Part I – General Information

|  |  |  |
| --- | --- | --- |
| 1. Borrower(s) Print Name as it appears on the Mortgage Loan and Title: |  | 2. Co-Borrower Print Name as it appears on the Mortgage Loan and Title: |
|    |    |
| Property Address: | Mailing Address (if different): |
|    |    |
| San Francisco, CA    |    |
| Telephone Number:    | Cellular Phone Number:    |
| Email address:    | Email address:    |

Part II – Acknowledgement

|  |
| --- |
|  |
| I/we understand that my/our authorization for third party release of information does not guarantee any loan approval. I/we can be reached at the contact information listed above with any question.  |

Part III – Signature/Date:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Borrower Signature: | Borrower Signature: |
| Social Security Number:    | Social Security Number:    |
| Date of Birth:    | Date of Birth:    |
| Date:    | Date:    |

.