

AUTHORIZATION FOR RELEASE OF INFORMATION

I am working with Los Angeles Neighborhood Housing Services, who is a HUD approved counseling agency and also a foreclosure prevention lender. They are helping resolve my current mortgage situation.

In order for them to adequately counsel me and assess sustainable solutions, they require certain information regarding my existing loans with you and I believe it is in my best interest for you to release such information.

I hereby authorize you to give any and all of my loan information to Los Angeles Neighborhood Housing Services.

A copy of this authorization may be accepted as if it were an original.

Name:

Signature:

Address:

Loan Number:

Lender Name:

Lender Address:

CREDIT AUTHORIZATION

I (we), acknowledge that have received counseling from Los Angeles Neighborhood Housing Services / Los Angeles County NeighborWorks Center for Foreclosure Solutions Partners. I give permission to Los Angeles Neighborhood Housing Services and /or it's partners to pull my Credit Report for purposes of the program evaluation and two additional times between this counseling session from now to June 30, 2010 if needed. I also understand that they may conduct follow up related to the program evaluation and I may have access to the organization's Privacy Policy Statement.

Borrower Name: _____ DOB: _____ SSN: _____

Signature: _____ Signed Date: _____

Co-Borrower Name: _____ DOB: _____ SSN: _____

Signature: _____ Signed Date: _____