



AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

To: Whom It May Concern _____

Re: _____

Name

I have applied to the City of Olympia Housing Rehabilitation Program for a housing rehabilitation loan and I have authorized this program to obtain all necessary verification of any public benefits, employment, banking interests, mortgage or other property debt, or other credit related information. In order to determine my eligibility for this program, the City must verify the information requested on this form. The requested information is for the confidential use of the program and the U.S. Department of Housing and Urban Development only.

Please furnish the information requested below and return this form using the pre-addressed envelope provided. If you have any questions about this request, please telephone the Housing Program Specialist at (360) 753-8436.

Sincerely,

Signature of Applicant

Date



VERIFICATION OF EMPLOYMENT

Date: _____

To: _____

Re: _____

Name

Social Security or Employee Number

I have applied to the City of Olympia Housing Rehabilitation Program for a housing rehabilitation loan and I have authorized this program to obtain all necessary verification of any public benefits, employment, banking interests, mortgage or other property debt, or other credit related information. In order to determine my eligibility for this program, the City must verify the information requested on this form. The requested information is for the confidential use of the program and the U.S. Department of Housing and Urban Development only.

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Sincerely,

Signature of Applicant Date

PLEASE DO NOT WRITE BELOW THIS LINE

Employee _____ Position Held: _____

Dates of employment: From: _____ To: _____

Type of employment: Permanent Temporary Seasonal Intermittent

Probability of continued employment: _____

RATE OF PAY: (estimated, if not actually paid on hourly, monthly, or annual basis.)

\$ _____/hourly \$ _____/monthly \$ _____/annually

Additional compensation: (actual amounts received in past twelve months)

Overtime: _____ Tips, commissions, bonuses: _____

COMPULSORY PAYROLL DEDUCTIONS

\$ _____ per _____ or _____%

\$ _____ per _____ or _____%

\$ _____ per _____ or _____%

\$ _____ per _____ or _____%

(You may use reverse side of form for any further remarks relating to this loan applicant.)

Signature and Title of Person Supplying Information Date



MORTGAGE DATA VERIFICATION

To: _____

Re: _____
Name *Loan or Mortgage Number*

I have applied to the City of Olympia Housing Rehabilitation Program for a housing rehabilitation loan and I have authorized this program to obtain all necessary verification of any public benefits, employment, banking interests, mortgage or other property debt, or other credit related information. In order to determine my eligibility for this program, the City must verify the information requested on this form. The requested information is for the confidential use of the program and the U.S. Department of Housing and Urban Development only.

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Sincerely,

Signature of Applicant *Date*

PLEASE DO NOT WRITE BELOW THIS LINE

Applicant Name: _____ Account Number: _____

Type of loan/mortgage/contract: _____

Security for loan/mortgage/contract: _____

Date of loan/mortgage/contract: _____ Maturity date: _____ Interest Rate: _____ %

Original loan amount: \$ _____
Present balance: \$ _____
Reserve balance for taxes, insurance, etc. \$ _____
Taxes and assessments due: \$ _____
Termination fee or pre-payment penalty: \$ _____

Monthly payment:
Principal & interest: \$ _____
Taxes: \$ _____
Insurance: \$ _____

Are payments current? Yes No If not, state amount in arrears and time period: _____

(You may use reverse side of form for any further remarks relating to this loan applicant.)

Signature and Title of Person Supplying Information *Date*



VERIFICATION OF BENEFITS

Date:

To:

Re:

Name

Social Security or Other Identification Number

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Sincerely,

Signature of Applicant

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Name of person on whose record the benefit is paid:

Account number:

Type of benefit:

Current monthly benefit:

Maximum which could be paid in the next twelve months:

Date of original entitlement:

Probability of continued entitlement:

Other remarks:

(You may use reverse side of form for any further remarks relating to this loan applicant.)

Signature and Title of Person Supplying Information

Date



DEPOSIT ACCOUNTS OF APPLICANT(S) - VERIFICATION

Date:
To:
Re:
Name Account Number(s)

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Sincerely,

Signature of Applicant Date

PLEASE DO NOT WRITE BELOW THIS LINE

Deposit Accounts of Applicant(s)

Table with 5 columns: Type of Account, Account Number, Current Balance, Two-month Average Balance, Date Opened

Loans Outstanding to Applicant(s)

Table with 7 columns: Loan #, Loan Date, Original Amount, Current Balance, Payments (monthly/quarterly), Secured By, # of Late Payments (12 mo.)

(You may use reverse side for additional information which may be of assistance in determining credit worthiness.)

Signature and Title of Depository Official Date

(Applicant: you may make additional copies of this blank form if needed. Your original signature must be on each.)