Affordable Homeownership Foundation, Inc.

Solving The Puzzle Of Homeownership

5264 Clayton Court, Suite 1
Fort Myers, FL 33907
239-689-4944
www.ahf.today

AUTHORIZATION TO RELEASE PERSONAL & FINANCIAL INFORMATION

Client Information

Client's Name: _____

Street Address City, State, Zip: _____

Client's SS#: _____

AUTHORIZATION TO RELEASE PERSONAL & FINANCIAL INFORMATION

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal and or financial information, which may be contained in your files regarding the above, named persons or accounts. Release of information may be verbal, written, or by FAX or secure E-Mail Transmission and released to representatives of:

I further authorize Affordable Homeownership Foundation Inc. to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with County Representatives, Potential Landlords, Mortgage Company and anyone that requires my personal information to better my living situation, such as HUD, my bank or anyone else I deem necessary.

- I acknowledge that I have received a copy of **_Affordable Home Ownership Foundation**'s Privacy Policy.

Client's Signature	Co-Borrow or Significant Other	Date