

Information Disclosure Authorization

LENDER:

Iowa Valley Habitat for Humanity

Phone
319-337-8949

Fax
319-354-3527

Privacy Act Notice: This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor or borrower under its program. It will not be disclosed outside the agency without your consent except to your employer(s) for verification of employment or to your financial institutions for verification of your deposits and loans as permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 30, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 et seq. (if HUD/FHA); by 42 U.S.C., Section 1452b (if HUD/CPD); and Title 42, U.S.C., 1471 et seq. or 7 U.S.C., 1921 et seq. (if U.S.D., FmHa).

To Whom It May Concern:

I/We have applied for credit from the above Lender. As part of the application process, the lender and any potential investor of this loan may verify the information contained in my/our credit application and in other documents required in connection with this loan.

I/We authorize you to provide to the lender, and to any potential investor or insurer of this loan, any and all information and documentation requested. Such information may include, but is not limited to: employment and income history; bank, money market, and similar account balances; credit history; mortgage or rental history; and copies of income tax returns. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; landlords; federal or state records including State Employment Security Agency records; or other sources as required.

The information is for the confidential use of the lender in determining my /our creditworthiness to obtain credit.

A PHOTOGRAPHIC COPY of the undersigned's authorization MAY BE DEEMED TO BE THE EQUIVALENT OF THE ORIGINAL and MAY BE USED AS A DUPLICATE ORIGINAL. The original signed form is maintained by the lender.

This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year allowed by law.

Your prompt reply will help my/our credit transaction.

Applicant's Printed Name:
(Please sign on line above)

Social Security Number

Co-Applicant's Printed Name:
(Please sign on line above)

Social Security Number

Date