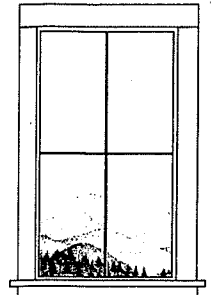


Housing Assistance Program  
of Essex County, Inc.



H•A•P•E•C

**Credit Release and Third Party Authorization**

**Homeowner Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Servicer:** \_\_\_\_\_

**Loan Number:** \_\_\_\_\_

**SS# (last4):** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Counselor(s):** Michelle A.L. Bashaw  
**Phone:** (518) 873-6888  
**Email:** michelle@hapec.org

Penny Daniels  
(518) 873-6888  
penny@hapec.org

I have applied for or obtained a loan, grant, and/or counseling from the Housing Assistance Program of Essex Co., Inc. (HAPEC). As part of the counseling process, HAPEC may verify information contained in my request for assistance and in other documents required in connection with the request and throughout the assistance period.

I authorize HAPEC to receive, for verification and negotiation purposes, the following applicable information:

- Past and present employment or income records
- Bank account, stock holder, and other asset balances
- Past and present landlord references
- Mortgage terms, induction and payment history
- Other consumer credit references
- Pending mortgage information

If the request is for a new loan, grant, or counseling, I further authorize HAPEC to order consumer credit reports and verify other credit information.

Loan #: \_\_\_\_\_

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to HAPEC in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

I also authorize HAPEC to submit client-level information to the data collection system for our grantors, open files to be reviewed for program monitoring and compliance purposes, pull my credit record for purposes of program evaluation two additional times between intake and to conduct follow-up with me related to program evaluation.

I understand that HAPEC provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

HAPEC may share with potential mortgage lenders and servicers, other counseling agencies, and grantors my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. Mortgage lenders may share the information I provide to the lender with the counseling agencies. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that HAPEC receives funds through the Homeowners Protection Program (HOPP) and, as such, is required to share some of my personal information with HOPP administrators or their agents for purposes of program monitoring, compliance and evaluation. I understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funds of foreclosure prevention services.

I acknowledge that I have access to HAPEC's privacy policy statement.

The information HAPEC obtains is only to be used in the processing of my request for assistance and default/ mortgage counseling as may be necessary.

I understand that I may revoke my consent to these disclosures by notifying HAPEC in writing.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: