LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lt. Governor

KENNETH C. HOLT
Secretary

ELLINGTON CHURCHILL, Jr
Deputy Secretary

Authorization to Release Information

Blanket Authorization

I/we have applied for a mortgage loan from the Maryland Department of Housing and Community Development (MD DHCD). In applying for the loan, I/we completed a loan application containing various information for the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/we certify that all of the information is true and complete. I/we make no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information. I/we fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

I/we hereby give my/our consent to re-verify information contained in the loan application and in other documents required in connection with the loan, either before the loan is closed or a s part of its quality control program. Such information includes, but is not limited to employment history, income, and licensing; bank, money market and similar account balances and deposits; credit history; and copies of income tax returns. I/we agree that this authorization will permit the MD DHCD to receive copies of my/our tax returns and/or W-2 forms from the IRS. A photocopy of this form can be attached to IRS form 4506 Request for Copy of Tax Form, as my/our authorization.

A photographic copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

RIGHT TO FINANCIAL PRIVACY ACT: This Notice to you as required by the Right to Financial Privacy Act of 1978 that the U.S. Department of Housing and Urban Development or the Department of Veterans Affairs has a right to access the financial record held by a financial institution in connection with the consideration of the administration of assistance to you. Financial records involving your transaction will be available to the Department of HUD or the Department of Veterans Affairs without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required by law.

Acknowledgement of Mortgage Loan Applicant: I/we have read this disclosure form and understand its contents.

Applicant	Date	Social Security Number
Co-Applicant	Date	Social Security Number