THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE INFORMATION

Account Number:	
Name(s):	
Property Address:	

I/we do hereby authorize my lender/mortgage servicer to release or otherwise provide to:

Tammy Kerr, Jessica Rivard and/or Diane Ackley of **BAY AREA HOUSING** in their capacity as **Homeownership Counselors.**

Address: Bay Area Housing
114 Washington Ave
Bay City, MI 48708

Phone: 989-686-6800
Fax: 989-686-6948
email: **tkerr@bahinc.org**
jessica@bahinc.org
diane@bahinc.org

Public and non-public personal financial information contained in my loan account which may included, but is not limited to: loan balances, final payoff statement, loan payment history, payment activity, and or property information. Tammy, Jessica and/or Diane can also act on my/our behalf to negotiate modifications, payment or workout plans.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above but will have no responsibility or liability to verify the true identity of the requester when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information obtained concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign and date. **THIS AUTHORIZATION IS GOOD FOR ONE YEAR FROM DATE BELOW.**

Printed Name	**SSN**	**Signature**	**Date**

Printed Name	**SSN**	**Signature**	**Date**