

AUTHORIZATION FORM

BORROWER CERTIFICATION

The undersigned certify and understand the following:

1. I/We certify that all of the information provided is true and exact to the best of our knowledge and belief and that I/We did not omit any pertinent information or make any misrepresentations. I/We fully understand that it is a Federal crime, punishable by fine and/or imprisonment to knowingly make any false statement when applying for a mortgage (as noted above).

AUTHORIZATION TO RELEASE INFORMATION

1. I/We hereby authorize Tampa Bay Community Development Corporation (CDC) to verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program. I/We hereby authorize you to release, without liability, to Tampa Bay Community Development Corporation (CDC), for verification purposes, information concerning: a) Employment history, dates, title, income, hours worked, etc., (b) Banking/Asset/Retirement/Pension accounts of record (c) Mortgage/rental rating, opening date, high credit, payment amount, payment record (d) Unemployment, Welfare, Social Security, Veteran benefits or Child Support information and (e) Any information deemed necessary in connection with a consumer credit report for a real estate transaction.
2. I/We authorize our First Mortgage Lender to provide Tampa Bay Community Development Corporation (CDC) with copies of any documents from my/our mortgage file which may assist in the approval of our Downpayment Assistance loan, including but not limited to 1003, VOE, VOD, Credit Report, Appraisal Report and Good Faith Estimate. I/We also authorize Tampa Bay Community Development Corporation (CDC) to provide the First Mortgage Lender, HomeBuyers Club, Funding Municipality, or any other party related to this Mortgage transaction with any documents from my/our loan file which may assist in the approval of the Mortgage.
3. I/We agree to provide any documentation needed to assist in determining eligibility. I also agree to cooperate with Tampa Bay CDC after closing in the event additional documentation or corrections are necessary. I understand that failure to cooperate may result in foreclosure proceedings being initiated.
4. A photographic or carbon copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.
5. I understand that all information and documents provided to Tampa Bay CDC and its funding jurisdictions are a matter of Public Record and subject to Florida's Public Information/Sunshine laws.

All adult household members (over the age of 17) MUST sign below and provide the information requested on the Preliminary Application, *REGARDLESS OF WHETHER OR NOT THEY WILL BE PART OF THE QUALIFYING ON THE MORTGAGE.* If additional application pages are required, call (727) 442-7075.

Borrower Signature

Date

Co-Borrower/Spouse/Adult Household Member Signature

Date

Other Adult Household Member Signature

Date