



Delaware Emergency Mortgage Assistance Program (DEMAP)

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____ am/are applying to the Delaware State Housing Authority ("DSHA") for a loan through the Delaware Emergency Mortgage Assistance Program ("DEMAP"). I understand that DSHA, its employees and agents, and/or the below named DSHA Approved Counseling Agency ("Counseling Agency") will be checking my credit history, mortgage, payment history, mortgage information, mortgage delinquency information, employment history and other personal and financial information in order for DSHA to determine my eligibility for a DEMAP loan.

I hereby authorize DSHA and/or the below named Counseling Agency to check my credit history, mortgage payment history, mortgage information, mortgage delinquency information, employment records, and other personal and financial information. This shall include my Federal and State tax returns for up to the previous three years.

I hereby authorize my mortgage lender(s), mortgage servicer(s), employer(s), or any other private company, for-profit or non-profit organizations and government agency or any other person or entity to discuss and disclose such information to DSHA and/or the below named Counseling Agency.

I authorize the release of the above-mentioned information by any means possible, including but not limited to phone discussions, mail, facsimile, e-mail or any other electronic means. Information in writing should be sent to the Delaware State Housing Authority, Housing Finance Division, 820 N. French Street, 10th Floor, Wilmington, DE 19801.

I understand that this authorization will be used in connection with my loan application and, if the loan is approved, will continue thereafter until the debt to DSHA/DEMAP is paid in full.

Property Address: _____

Mortgage Account Number (s): _____

Please note that this authorization will remain effective until a written revocation is received, signed by all mortgagors listed.

A photocopy of this document shall also serve as an Authorization to provide the information requested.

Applicant Signature

Social Security No.

Date

Applicant Signature

Social Security No.

Date

DSHA Approved Counseling Agency

Counselor Name:

