

Authorization for Consent and Release of Information

Personal Information

Name:

Address:

Phone Number of Business:

Cell Phone (if different):

Property Address

City

State

Zip

ID Type (optional but recommended):

ID No:

Birthday:

Race and Ethnicity (optional):

1. I hereby authorize National Asian American Coalition to obtain any or all information and to represent me/us for the purpose of discussing and/or negotiating all matters relating to my/our mortgage.

2. I authorize National Asian American Coalition to help me/us with all matters regarding the Housing Affordability and Stabilization plan.

3. I authorize National Asian American Coalition to provide all figures and financial information on my/our behalf, to make any changes to our account on my/our behalf and to any document pertaining to my/our loan.

4. I authorize National Asian American Coalition to request any document pertaining to my/our loan.

5. I hereby authorize National Asian American Coalition to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my mortgage modification application.

6. I understand that National Asian American Coalition 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.

7. I understand that National Asian American Coalition receives Congressional funds through HomeFree-USA for the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HomeFree-USA and NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HomeFree-USA and NFMC to conduct



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follow-up with the client related to program evaluation.

8. I give permission for HomeFree-USA and NFMC program administrators and/or their agent to follow-up with me within 3 years for the purposes of program evaluation.

Authorized NAAC Representatives: Paola Bustos, Normita Cachapero, Nora Penaflor, Bella Carreon, Elizabeth Tionloc

Borrower Name (Printed)

Co-Borrower Name (Printed)

Social Security Number

Social Security Number

Rev. 03/2020

NAAC Micro Lending Program | **Phone** (650) 952-0522 | **Fax** (650) 952-0530 | **Web** naac.org