



## MORTGAGE RELEASE AUTHORIZATION AND GOOD STANDING

Due to an increase of property foreclosures within the state of Georgia, the Housing Authority of Fulton County (HAFC) requires all landlords to provide authorization for release of mortgage information in addition to certifying that the mortgage (s) is in good standing.

In an effort to protect the welfare of the participants of the Housing Choice Voucher Program, HAFC will only accept landlords that have been verified and are in good standing. Properties that have mortgages in arrears and/or in process of foreclosure will not be admitted into the program. Landlords currently on the program whose property has fallen into foreclosure will be ineligible to participate in the program for three years and may be responsible for returning any Housing Assistance Payment (HAP) funds received effective from the date of foreclosure.

The information provided will only be used by the HAFC and will not be released to outside parties unless required by law.

### AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any financial institution granting mortgage loans to release any information to HAFC pertaining to my mortgage and participation in the Housing Choice Voucher Program as requested and release any person, firm or agency from any liability pertaining to the release of such information.

I hereby certify that the mortgage (s) is in good standing with the lending institution and payments are current.

I hereby authorize HAFC to obtain information about my credit history that determines eligibility in the program.

My signature certifies that the information furnished by me is true and correct. I understand that any false or misrepresentation of information or failure to disclose information requested on this form may be cause for denial of participation in the HAFC's Housing Choice Voucher Program.

### Fill out the information below and attach a copy of the most recent mortgage statement.

Borrower's Name: \_\_\_\_\_

Borrower's SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ or EIN: \_\_\_\_ - \_\_\_\_\_

Borrower's Email Address: \_\_\_\_\_

Lending Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Lender's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please submit a check or money order in the amount of \$10.00 (Ten dollars) to cover cost of pulling credit report. Please Fax This Form and A Copy Of Your Most Recent Mortgage Statement To (404)935-5296**