

FINANCIAL RESOURCES

& Assistance of the Lakes Region Inc.

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FINANCIAL RESOURCES AUTHORIZATION FORM

BORROWER

CO-BORROWER

NAME

NAME

ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

SOCIAL SECURITY #

SOCIAL SECURITY #

DATE OF BIRTH

DATE OF BIRTH

By signing below, I/we authorize the release of any information verifying my/our credit, employment, and mortgage/rent in order to assist me in obtaining financing.

A photocopy of this authorization will be valid as an original, even though the said photocopy does not contain an original signature.

X _____
BORROWER'S SIGNATURE

X _____
DATE

X _____
CO-BORROWER'S SIGNATURE

X _____
DATE

RESIDENTIAL AND COMMERCIAL REAL ESTATE FINANCING