

# AUTHORIZATION TO RELEASE FILES AND INFORMATION

To: \_\_\_\_\_ Lender/Loan Servicer

Loan Account # \_\_\_\_\_  
(1<sup>st</sup> mortgage) (2<sup>nd</sup> mortgage)

Borrower's Name(s): \_\_\_\_\_  
(PRINT NAME)

Property Address: \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

I/We, \_\_\_\_\_, give my/our written Authorization to permit you to discuss all aspects of my mortgage account with my Housing Counseling Agency representatives named below and to provide my representatives with copies of all documents that they may request regarding my/our account.

**Eastside Community Development Corporation  
7835 Eastern Avenue - Eastpoint Mall – Suite 302  
Baltimore, Maryland 21224**

This Authorization is valid until withdrawn in writing.

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
(Signature) (Date)

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
(Signature) (Date)