Idaho Housing and Finance ASSOCIATION
HOMEOWNERSHIP LENDING

P.O. Box 7899, (565 W. Myrtle Street), Boise, Idaho 83707-1899
Phone 208-331-4888 • 1-800-526-7145 • Fax 208-331-4800
www.ihfa.org • TDD 1-800-545-1833, Ext. 400

SIGNATURE AUTHORIZATION

I hereby authorize Idaho Housing and Finance Association (IHFA), HUD Counselor to access information regarding my home loan; verify my past, present and anticipated income from employment and other sources.

I further authorize IHFA to order a consumer credit report, as needed, to verify other credit information. It is understood a photocopy of this form will also serve as authorization.

This confidential information is needed to assist IHFA in determining eligibility for loan counseling purposes.

_____ _____
Print Borrower Name Print Co-borrower Name

_____ _____
Borrower Signature Date Co-borrower Signature Date

_____ _____
Borrower Social Security # Co-borrower Social Security #

Address:_____

_____

_____

Lender/Servicer Name, Address and Phone Number

_____

_____

_____

Lender/Servicer Loan Number

_____

Notice to Borrowers
This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right to access financial records held by financial institutions in connection with the consideration of administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization, but will not be disclosed or released by this institution to another Government Agency or Department without your consent, except as required or permitted by law.