AUTHORIZATION FOR THIRD PARTY
RELEASE OF INFORMATION and CONSENT TO ACT ON BEHALF

Instructions: *All Borrowers that want to share the information in their file must complete this form. Completed documents may be uploaded into your open MRP or PTX application file or emailed to info@camortgagerelief.org. Make sure to include the Homeowner(s) name(s) and Mortgage Relief Program (MRP) Number or Property Tax (PTX) Number. CBOs and Legal Assistance provide FREE assistance - go to www.camortgagerelief.org for a list.*

I/We, the undersigned (name/s) _____ _____; Last 4 of SSAN: _____; MRP / PTX Number _____ hereby authorize _____ (Representative - can be an organization which allows any member of that organization), to obtain and provide information and submit my application regarding my/our California Homeowner Relief Corporation (CalHRC) file relating to my/our home located at:

_____.
<div align="center">Street Address, City, State, Zip Code</div>

This authorization includes, but is not limited to: (initial each item you are allowing the authorized representative to perform)

_____ May receive any/all information in my application   _____ May file application on my/our behalf

_____ May provide information on my behalf to the program   _____ May only do: _____

I/We understand that this authorization is voluntary and I/we may revoke it at any time by submitting a written revocation.

Authorized Representative (Organization or any member of the organization) / Information Recipient:

Print Name		Age		Relationship to Homeowner	
Signature				Phone Number	
Street Address				State	
City				Zip Code	

If you are an Attorney, this form is invalid without a valid California State Bar number of the orignal attorney assisting. CSBN:

_____

Name of Law Firm: _____

This authorization is effective when the signed Authorization for Third Party Release of Information is received and approved by CALHRC. This authorization will remain in effect until CALHRC is notified in writing that this authorization is no longer in effect. Cancellation of this authorization will not have any affect on actions taken while this authorization was in effect. Authorized Representative acknowledges that s/he is charging applicant(s) no fee for service or assistance.

By signature, representative and borrower declares under penalty of perjury pursuant to the laws of the State of California, that the foregoing is true and correct.

Authorized Representative: _____ Date: _____
<div>   Signature</div>

Borrower: _____   Borrower: _____
Signature   Signature
Date: Date: