



State Home Foreclosure Prevention Project
THIRD PARTY AUTHORIZATION AGREEMENT

Loan Servicer: Loan Number:
Borrower Name:
Co-Borrower Name:
Property Address:

I/we, , the undersigned Borrower do hereby authorize servicer to release any and all information about any and all of my account(s) to any representative of the North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and

Name of Third Party Authorized Agency: Raleigh Area Development Authority
Agency Address: 4030 Wake Forest Road, Suite 205
Telephone Number: (919) 807-8400
Relationship to Borrower: Housing Counselor

and its representatives. I understand that this information is needed so that I can receive counseling assistance. The information released by servicer may include, but is not limited to, information relating to my loan amount and payment transactions and/or provision of copies of any and all loan documents and communication history associated with my account(s) in the possession of servicer. Under no circumstances will I hold servicer responsible for any claims, liabilities or damages that may arise as a result of or in connection with servicer's provision of information pursuant to the terms of this Agreement.

I/We further authorize servicer to speak with any representative of the North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and any third party authorized agency indicated herein and its representatives regarding all aspects of my account(s) and account history, including information provided by any prior servicer.

I/We also authorize servicer to notify the North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and any third party authorized agency indicated herein in the event that my/our loan payments become delinquent in the future, or if a loss mitigation workout is discussed, implemented, completed and/or results in default. The North Carolina Housing Finance Agency, North Carolina Office of the Commissioner of Banks and any third party authorized agency indicated herein agrees to maintain the confidentiality of borrower(s) information in accordance with NCGS § 45-106.

I acknowledge that this authorization will remain in effect for the duration of time that servicer serves as the loan servicer for my account(s). I also acknowledge that should I wish to terminate this authorization, I will notify servicer in writing. This authorization will not be valid unless signed below by borrower and all co-borrowers named above.

Primary Borrower (Print Name): Last 4 Digits of Social Security Number: _____

Signature: _____ Date: _____

Co-Borrower (Print Name): Last 4 Digits of Social Security Number: _____

Signature: _____ Date: _____

