

RELEASE OF INFORMATION

This is my authorization to release information to Southwest Minnesota Housing Partnership regarding my income, employment, bank accounts, and outstanding debts including mortgages and to obtain other information about my property that is necessary to support my application.

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.

Signature of Applicant

Date

Signature of Co-Applicant

Date

