



Neighborhood Housing Services
of Greater Cleveland
5700 Broadway Ave.
Cleveland, OH 44127
Phone: 216-458-4663
Fax: 216-458-4672
www.nhscleveland.org

Third Party Authorization Form

I/we hereby authorize Neighborhood Housing Services of Greater Cleveland/City of Lakewood Department of Planning & Development to obtain, release, and/or exchange any and all information related to my home/mortgage/financial information. This information will be released only to those institutions, companies and agencies that the Third Party believes can provide assistance in resolving mortgage/homebuying/financial questions and/or concerns. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and/or mortgage details provided by you.

- I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information. I hereby acknowledge that this consent is voluntary and I may revoke this consent at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original. [Initial: _____]
I confirm that I have agreed to share information as part of my application for the Community Financial Centers Initiative with Case Western University, Center on Urban Poverty. [Initial: _____]
I agree to share personal and identifiable information with a third party contracted solely for the purposes of de-identifying data in order to conduct academic or statistical analysis. [Initial: _____]

APPROVED PARTY INFORMATION AND AUTHORIZED AGENTS

COMPANY NAME: Neighborhood Housing Services of Greater Cleveland
COMPANY ID: HUD #80907 / Tax #/EIN#34-1166865
AUTHORIZED AGENTS: Mahria Harris, Elizabeth Sanchez, Gretchen Bowman
Keith Davis, Renee Harris
COMPANY ADDRESS: 5700 Broadway Avenue, Cleveland, OH 44127
COMPANY CONTACT: Phone: 216-458-4663 / Fax: 216-458-4672 / www.nhscleveland.org

(CURRENT)PROPERTY ADDRESS: _____
CITY, STATE, ZIP _____

(NEW/PROPOSED)PROPERTY ADDRESS: _____
CITY, STATE, ZIP _____

I/WE ACKNOWLEDGE THAT THIS AUTHORIZATION IS VALID UNTIL I SPECIFICALLY PROVIDE NOTICE IN WRITING THAT THIS AUTHORIZATION IS OF NO FURTHER FORCE AND EFFECT.

SIGNER #1 (PRINTED): _____ LAST 4 OF SSN: _____
SIGNER #1 (SIGNED): _____ DATE: _____
SIGNER #2 (PRINTED): _____ LAST 4 OF SSN: _____
SIGNER #2 (SIGNED): _____ DATE: _____
COUNSELOR (SIGNED): _____ DATE: _____

