



**CITY OF ELK GROVE
DOWN PAYMENT ASSISTANCE PROGRAM**

Authorization For Release of Information

To Whom It May Concern:

I/We the undersigned authorize the City of Elk Grove, its employees and authorized agents to verify any information (including information of a privileged or confidential nature) necessary in connection with my/our First-Time Homebuyer Down Payment Assistance (DPA) loan application, including, but not limited to, the following:

1. Credit History
2. Bank Accounts
3. Employment and Income
4. Benefits
5. Bankruptcy

BY ATTACHING this RELEASE FORM, OR A COPY OF SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the City of Elk Grove.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

Applicant Signature

Social Security Number Date of Birth

Co-Applicant Signature

Social Security Number Date of Birth

