



RELEASE OF INFORMATION AUTHORIZATION FORM

“I” and “My” means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), and any non-owner borrower identified below.

“Servicer” means the first mortgage lender/servicer identified below.

In connection with my application to participate in the Louisiana Homeowner Assistance Fund Program (Program), administered by the Louisiana Division of Administration Office of Community Development (OCD), I hereby acknowledge that personal and financial information will be necessary to process my application, including but not limited to my personal identity, bank and financial records, tax returns, employment records, unemployment insurance program records (from the Louisiana Workforce Commission), property records, income and asset information, and household expense account information (e.g. utility accounts, insurance premiums). I hereby consent to and authorize the OCD, its agents, and contractors and assigns (collectively the State) to request, access, review, disclose, release and share personal and financial information – including any private or confidential information which is not normally subject to public disclosure but is necessary to process the application and administer my grant. I further acknowledge and agree that any party holding such information above is hereby authorized to disclose such information to the State, and that the disclosing party is not responsible for any negligent misrepresentation and has no responsibility or liability for what the State or any party to whom the State discloses the information may do with the information in the normal course of business. I agree to hold the disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable attorneys’ fees), arising from or in any way relating to their disclosure. Applicant(s) further acknowledges the information gathered may be released to any other governing agency responsible for administering, monitoring, or auditing the Program including, but not limited to, the U.S. Treasury, the Office of Inspector General (OIG) or the Louisiana Legislative Auditor.

I authorize the State and the below referenced loan servicer and/or mortgage holder, as well as any unnamed entities in possession of the information covered by this authorization to obtain, share, release, discuss, and otherwise utilize my public and non-public personal information contained in or related to my mortgage loan(s), insurance policies and associated premiums, tax and homeowner payment obligations, utility accounts, insurance premiums or homeowner association fees related to said property subject to the mortgage, . This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner and non-owner borrower.

Before signing this Release of Information Authorization, beware of foreclosure rescue scams!

- A HUD-approved housing counselor, HFA representative or other authorized third party may work directly with the Owner’s lender/mortgage servicer.
- The Owner can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

