

Authorization to Release Information

I (We) hereby authorize BCL of Texas, to verify my employment, and outstanding debt, including any present or previous mortgages, to order a consumer credit report and to make any other inquiries pertaining to the counseling services they are providing to me at their request.

I (we) understand that BCL of Texas provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate. I also understand that BCL of Texas receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2011 for the purposes of program evaluation and I acknowledge that I have received a copy of BCL of Texas Privacy Policy.

MORTGAGE LENDERS / SERVICERS:

I (We) further authorize the discussion of our case with Claudia Gomez, Jan McNerney, Raquel Valdez, La'Kisha Fredericks, Alesha Larkins and Cindy Pecina. They are working to help me address my financial problems and to propose a loss mitigation plan which is within your guidelines. You may release any further information to *BCL of Texas* in the future without further authorization. *BCL's address is: 2212 S. Congress Ave, and toll free number is (888)-385-1975.*

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in providing counseling services under its program. It will not be disclosed outside the agency except as required and permitted by law.

You do not have to provide this information, but if you do not the counseling services provided to you may be delayed or terminated.

Print Name- Borrower

Print Name- Co Borrower

Authorized Signature Date

Authorized Signature Date

_____/_____/_____
Date of Birth

_____/_____/_____
Date of Birth

_____-_____-_____
Social Security #

_____-_____-_____
Social Security #

Loan Number:

Property Address: