



# Improving the quality of life in Jackson area neighborhoods

Jackson Affordable Housing Corporation  
www.jacksonaffordablehousing.org

## Authorization To Release Information

### Board of Directors

Greg Shack,  
President  
*Citizens Bank*

Karen Hawley,  
Vice President  
*JTV*

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*Baker College*

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*Jackson Housing  
Commission*

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Past President  
*Fifth Third Bank*

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Member at Large  
*Flagstar Bank*

Willie Walters  
*Homeowner*

Jay Hoffman  
*Julius J. Hoffman, P.C.  
Attorney at Law*

Judy Williams  
*Homebuyer*

Kitrina Sims  
*Homebuyer*

I/We hereby authorize and direct any Federal, State or local agency, organization, business or individual to release to **Jackson Affordable Housing Corporation**, it's employees, agents or assigns (hereafter collectively referred to as JAHC) to release/exchange and information or materials requested in order to facilitate my participation in JAHC's Foreclosure Counseling Program. I agree that a photocopy of this may also serve as authorization.

The group or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage companies
- Past and present employer
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility companies
- Banks and financial institutions
- Non-profit organizations

I/We further authorize JAHC to order a consumer credit report as part of the Foreclosure Counseling Program.

I/We also authorize JAHC to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party authorized in this release to include but not be limited to in person, via phone, via fax and via email.

This authorization will stay in effect until I complete my participation in the Foreclosure Counseling Program or revoke this authorization in writing.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State/ Zip

\_\_\_\_\_  
Loan Number

\_\_\_\_\_  
Last Four of Social Security



Equal Housing Opportunity  
Equal Opportunity Employer



*Assisting people to become homeowners in Jackson County*

161 West Michigan Avenue, Jackson, Michigan 49201 517.788.4626. Facsimile 517.780.4721