



## GENERAL STATEMENT AND AUTHORIZATION

I hereby give permission and authorize DHIC, Inc., and its Homeownership Center team of Advisors to provide and/or receive information on my behalf of my home loan mortgage. I understand that DHIC, Inc., is a HUD certified non-profit counseling agency. DHIC, Inc. and its Advisors, LOU SIVULKA (Homeownership Counselor and Foreclosure Prevention Specialist) and/or EBONY ALSTON (Administrative Coordinator), have my permission and authorization to provide and/or receive information in regards to my home loan mortgage. Information can be provided and/or received from my lender and/or servicer, a credit reporting agency, an attorney, and/or any other persons or companies (entities) with access to pertinent information as it relates to my mortgage loan.

I also authorize DHIC, Inc., and its Advisors to obtain the principal balance, interest rate, escrow balance, reinstatement amount, payment arrangements and options, hardship assistance, pre-foreclosure or short sale options, lender and/or servicer correspondence, signed loan closing documents, and/or other information required to assist me from persons or companies (entities) with legal access to this information. I fully understand that a signed photocopy of this form is equally recognizable as proper authorization and I acknowledge that this signed authorization form will remain valid and on record for one calendar year from the date of this form, signed below.

Lender/Servicer \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed