



authorization to communicate to a third party

We, the undersigned customers, request and authorize Colorado Housing and Finance Authority (CHFA), its employees and agents, to communicate information concerning our request to the following third party:

Loan Number
Third Party Name
Third Party Name

This authorization shall terminate on _____, 20_____

If no date specified, it automatically terminates six (6) months from the signature date.

signatures

all customers must sign

Signature of Customer _____ Date _____

Signature of Customer _____ Date _____

third party acknowledgement

all third parties must sign

I (we) acknowledge that the customer(s) has authorized me (us) to communicate with CHFA concerning customer's request. Any information that I secure is intended to be used for the benefit of the customer(s). I acknowledge my obligations of confidentiality concerning any personal information that I may be provided and will comply with all state and federal laws concerning the customer's rights to privacy and confidentiality.

If I am acting as consultant with respect to the customer's request, I acknowledge that I am either in compliance with, or exempt from, the Colorado Foreclosure Protection Act, C.R.S. Section 6-1-1101, et. seq. and am aware of all civil and criminal penalties for violation of said laws.

Signature of Third Party _____ Date _____

Name (print) _____ Title/Company _____

Signature of Third Party _____ Date _____

Name (print) _____ Title/Company _____