



**AUTHORIZATION FOR THIRD PARTY  
RELEASE OF INFORMATION and CONSENT TO ACT ON BEHALF**

**Instructions:** All Borrowers that want to share the information in their file must complete this form. Completed documents may be uploaded into your open MRP or PTX application file or email to [info@camortgagerelief.org](mailto:info@camortgagerelief.org). Make sure to include the Homeowner(s) name(s) and Mortgage Relief Program (MRP) Number or Property Tax (PTX) Number.

I/We, the undersigned \_\_\_\_\_ Name(s) \_\_\_\_\_ MRP / PTX Number \_\_\_\_\_

\_\_\_\_\_ hereby authorize \_\_\_\_\_ (Representative), to obtain and provide information and submit my application regarding my/our California Homeowner Relief Corporation (CalHRC) file relating to my/our home located at:

\_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_

**This authorization includes, but is not limited to: (initial each item you are allowing the authorized representative to perform)**

\_\_\_\_\_ May receive any/all information in my application      \_\_\_\_\_ May file application on my/our behalf  
 \_\_\_\_\_ May provide information on my behalf to the program      \_\_\_\_\_ May only do: \_\_\_\_\_

I/We understand that this authorization is voluntary and I/we may revoke it at any time by submitting a request in writing.

**Authorized Representative/Information Recipient:**

<b>Print Name</b>		<b>Age</b>		<b>Relationship to Homeowner</b>	
<b>Signature</b>				<b>Phone Number</b>	
<b>Street Address</b>				<b>State</b>	
<b>City</b>				<b>Zip Code</b>	

If you are an Attorney, this form is invalid without a valid California State Bar number.

CSBN: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

This authorization is effective when the signed Authorization for Third Party Release of information is received and approved by CALHRC. This authorization will remain in effect until CALHRC is notified in writing that this authorization is no longer in effect. Cancellation of this authorization will not have any affect on actions taken while this authorization was in effect. Authorized Representative acknowledges that s/he is charging applicant(s) no fee for service or assistance. By signature, representative and borrower declares under penalty of perjury pursuant to the laws of the State of California, that the foregoing is true and correct.

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature

Borrower: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature

Borrower: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature