

**Borrowers Signature Authorization to Release Information
Section 8 Housing Homeownership Assistance Program**

I/we understand that if I fail to make any monthly mortgage payments or if I/we are otherwise in default on our Pennsylvania Housing Finance Agency (the "Agency") mortgage loan, the Agency may provide information concerning my loan to the Housing Authority issuing my Housing Assistance Payment (HAP).

I/we further agree that the Agency and/or the Housing Authority may provide information concerning my loan to a delinquency counselor from an approved counseling agency to assist me/us in getting our mortgage loan back on track.

HAP payment going to borrower _____ or Servicing Lender _____.

HAP Recipient (family)

HAP Recipient (family)

Date: _____

Date: _____

Information of Housing Authority providing the voucher:

Contact Person

Housing Authority Name

Address

Email Address

Phone Number