



**Foreclosure Prevention Program
Authorization Release Form**

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth _____ Telephone: _____

SSN: _____

Co-Borrower: _____

Address (if other than above): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____

SSN: _____

I/We authorize WECO Fund, Inc., its staff or representatives, to act on my/our behalf for the purpose of seeking a resolution with regard to the property listed above. I/We authorize our lending institution/mortgage company to fax, mail, or email any items requested by WECO Fund, Inc. in reference to our mortgage delinquency immediately. I/We authorize WECO Fund, Inc. to submit our information to the National Foreclosure Mitigation Counseling Program, which may: open files to be reviewed for program monitoring and compliance purposes; pull our credit record solely for program evaluation purposes a minimum of two times between this day and June 30, 2010; and to conduct follow-up with us related to program evaluation.

Pursuant to Public Law 91-50B, Title VI, Section 604 (2) & (3) A & B and Section 610 (a) - (d), I/we hereby authorize any Credit Reporting Agency to disclose any consumer credit information to WECO Fund, Inc. Additionally, you may discuss my file with HomeFree-USA personnel (Law No. 1610 (d) 1).

Signature

Date

Signature

Date