



Capital Alliance

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release to CAPITAL ALLIANCE, its affiliates, or any approved credit reporting agency for verification purposes, information concerning:

Employment History of Applicant(s): Dates of Employment, Job Title(s), Recurring Hourly, Monthly or Annual Income, Incentive Compensation or Bonuses, Hours Worked, etc.

Checking, Savings and/or Securities Accounts of Record

Loan Mortgage Rating(s): Origination Date, High Loan Balance, Payment Amount, Current Loan Balance, and History of Payments.

Rental Rating: Lease Term, Payment Amount, and History of Payments.

Any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

This form specifically authorizes your firm to release my credit history to Capital Alliance. Information will remain confidential to be used in compiling a mortgage loan credit report to Capital Alliance and/or assignees. A photographic or carbon copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Applicant(s):

Name (Print)

Name (Print)

Signature

Signature

Tax ID # or SSN#

Tax ID # or SSN#

Date of Birth

Date of Birth

Address

Address

Date