



**NEIGHBORHOOD HOUSING SERVICES OF THE INLAND
EMPIRE, INC.
(NHSIE)**

DISCLOSURE OF PROGRAMS AND SERVICES

I/We authorize representatives from Neighborhood Housing Services of the Inland Empire (NHSIE), where I/we have applied to for assistance, to supply and receive information to/from NHSIE, NeighborUs, Inc., HUD, and NeighborWorks America from my/our employer(s), my/our financial institution(s), and my/our mortgage lender to verify the information contained in this intake form. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with any of our funding sources for the purpose of meeting funding compliance.

Confidentiality: In order to process an application, NHSIE may supply and receive information as detailed in the “Consent to Release” clause above. Information may also be released to comply with the auditing requirements of program funding sources. With these two exceptions, all personal and identifying information on an application remains fully confidential.

Borrower - Print First, Last Name

Signature

Date

Co-Borrower - Print First, Last Name

Signature

Date

CLOSING DISCLOSURE RELEASE

**I authorize the NHSIE HomeOwnership Center, NeighborUs, Inc. to obtain a copy of the
CLOSING DISCLOSURE from my lender and/or Title/ Escrow Company upon the
closing/ recording of my refinance transaction.**

(This information is used for reporting purposes only)

Borrower – Print First, Last Name

Signature

Date

Co-Borrower – Print First, Last Name

Signature

Date