

RELEASE TO REALTOR FORM

Date \_\_\_\_\_

I (We) consent to the release of information pertinent to our Mortgage Assistance Application to CHAC to the following persons or Agencies:

\_\_\_\_\_ Agency  
\_\_\_\_\_ Realtor  
\_\_\_\_\_ Contact information  
(phone, e-mail, etc.)

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Please sign and print your name

This form may be faxed or copied.  
Facsimile or photocopied signatures will be accepted by all parties

Please submit with your application.