

AUTHORIZATION AND WAIVER OF CONFIDENTIALITY



4035 W. North
Chicago IL 60639
P: (773) 342-7575
F: (773) 342-8528

1915 S. Blue Island
Chicago IL 60608
P: (312) 850-2660
F: (312) 850-2899

9117 S. Brandon
Chicago IL 60617
P: (773) 933-7575
F: (773) 933-7578

To _____ Loan # _____
(SERVICER)

This is to notify you that I, _____
(CLIENT NAME / NOMBRE EL CLIENTE)

Residing at _____
(CLIENT ADDRESS / DOMICILIO DEL CLIENTE)

**Adriana Ceballos
Alicia Gutierrez
Celena Santiago
Marta Alarcón
Ofelia Navarro
Pilar Van Dusen
Rodrigo Carrillo**

Authorize Melissa Woiwood of Spanish Coalition for Housing (0578)
(COUNSELORS' NAME) (AGENCY) (Tax ID)

to act on my behalf regarding _____
(PROGRAM / PROGRAMA)

Client signature/Firma de Cliente

Client signature/Firma de Cliente

Social Security # XXX – XX - _____

Social Security # XXX – XX - _____

(Date) _____

You are authorized to provide any records and information about me and my case including confidential information that my counselor may ask for.