



1720 Central Avenue

Albany, New York 12205

Phone: (518) 869-5890 Fax: (518) 869-5948

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION/CREDIT INFORMATION

SSI# \_\_\_\_\_ Borrower: \_\_\_\_\_

SSI# \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

To Whom it may concern:

The undersigned have applied to Albany Funding, Inc. for a mortgage loan.

In connection with that application, Albany Funding, Inc. must verify our past and present employment earnings, asset accounts, loan payments and balances or any other information necessary to process my mortgage application. I further authorize Albany Funding, Inc. to order a consumer credit report as to verify credit information to include past and present mortgages, landlord information, installment loans and revolving charge debt.

Kindly consider this form or a photocopy and/or fax of this form as your authorization to release the information requested by Albany Funding, Inc.

This authorization will expire 180 days from the date on which it was signed.

Date: \_\_\_\_\_ Borrower \_\_\_\_\_

\_\_\_\_\_ Co-Borrower

\_\_\_\_\_ Co-Borrower

\_\_\_\_\_ Co-Borrower