



L I N C

community revitalization inc.

Loan # _____

Authorization to Release Information

I _____ authorize _____ (Lender)
to release information regarding my real estate loan number _____ to
the following persons or agency listed below:

**Agency Name: LINC community revitalization inc
1422 Madison Ave Grand Rapids MI 49507
Phone: (616) 451-9140 Fax: (616) 451-0615**

Counselors: Alisa White, Venessa Remo, Abby Krikke

This authorization is to remain in effect for one year unless a specific date given.

Borrowers Authorizing Signature

Date

Print Name

Last four Digits of SS#

Borrower's Address:

