

**CONSENT AND AUTHORIZATION FORM  
FOR KNOX HOUSING PARTNERSHIP PROGRAMS**

**I(We) authorize verification of household, income and job information and authorize KHP if needed to use my(our) social security number(s) for the purpose of obtaining a copy of my (our) credit report at a later date, in order to evaluate my (our) credit history.** I (We)also authorize the sharing of this information by and with the applicable private lender as needed for Knox Housing Partnership, Inc.(KHP) to fulfill its grant contract obligations for various stakeholders and funders of KHP.

Sharing of information will be by requesting the mortgage application (1003), verification of income (consisting of tax returns, W-2 forms, pay stubs with year-to-date amounts and name showing on pay stubs) and Verification of Employment documentation and review of a credit report. Other items may be requested as needed. This information may also be used in conjunction with the financing of a second mortgage program by Knox Housing Partnership, Inc. (KHP) and a participating bank or mortgage company.

**I(We) also authorize Knox Housing Partnership, Inc. to obtain a copy of the HUD-1 Settlement Statement when I(We) purchase a home from the lender who made me(us) a loan or the title company that closed the loan.**

I(We) understand that this information is required by the City of Knoxville's Department of Development, Knox County Grants and Development, other State and Federal agencies, HUD for the housing counseling grant and other foundation grants that may be applicable to the specific programs offered by Knox Housing Partnership. All information obtained is used in a confidential manner.

The fee (if applicable) charged to you the consumer has been greatly reduced in relation to the actual costs of conducting the homebuyer training and counseling. We appreciate your assistance and trust in us to provide you with quality homebuyer education.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Knox Housing Partnership  
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