



Neighborhood Housing Services of Southeast WI, Inc.
(eHome 03-14-12)

MUTUAL RELEASE AGREEMENT

To Whom It May Concern:

I/We _____ as a condition of my/our enrollment in eHome online Homebuyer Education:

1. I/we have agreed to release this, HUD1 closing statement information and all other course information to home ownership counselors, associated agencies and other related parties.
2. I/we have granted permission for Neighborhood Housing Services of Southeast WI, Inc. representatives to discuss and collect copies of my/our loan application, supporting documentation and closing statement from my/our lender and/or closing company handling my loan.

Authorization is further granted to NHS to use a photo static copy of my/our signature below, to obtain information regarding any of these items, and is effective for one (1) year from the date of signature.

Name of Applicant (print)

Name of Co-Applicant (print)

Signature of Applicant

Signature of Co-Applicant

Date

Date

1700 Mead Street
Racine, WI 53403
Phone: (262) 633-3330
Fax: (262) 898-1844