



1981 Blake Street
 Denver, Colorado 80202
 888.925.5720
 800.877.chfa (2432)
 www.chfainfo.com

single family loan servicing authorization to communicate to a third party

A third party is a person, partnership, limited liability company, or corporate entity other than those listed on your loan documents. It is CHFA's policy to require a completed Authorization to Communicate to a Third Party form prior to releasing any information about your loan to a third party. CHFA will only release information to third parties authorized and identified by this form (the "Authorization").

Borrower Name(s)	Loan Number
Property Address	

third party information

Name of Entity/Agency/Firm	Phone
Name(s) of Authorized Person(s)	
Mailing Address	
Office Address	
Email	Website Address

third party acknowledgement

all borrowers must sign

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with all applicable laws and regulations; and (ii) the Third Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program may result in civil/criminal prosecution.

 Signature of Third Party Date

 Name (print) Title/Company

 Signature of Third Party Date

 Name (print) Title/Company

I/We authorize CHFA to share public and nonpublic information about my/our CHFA loan to the above-named third party or parties. I/We understand that this Third Party Authorization form may not be accepted. CHFA and its sub-servicer(s), contractors, representatives and agents may have procedures in place to detect fraud or improper activity and must follow privacy laws to help protect borrower information.

Binding Effect. The obligations hereof bind your heirs, executors, administrators, successors and assigns and all rights, benefits and privileges hereby conferred on CHFA are hereby extended to and conferred upon and may be enforced by its successors and assigns. If any party is a partnership, limited liability company or corporate entity, the obligations hereof will continue in force, and apply, notwithstanding any change in the membership or ownership of such partnership or entity, whether arising from the death or retirement of one or more partners, members or owners or the accession of one or more new partners, members or owners.

Enforceability. Whenever possible each provision of this Authorization will be interpreted in such manner as to be effective and valid under applicable law. If any provision of this Authorization is prohibited by or invalidated under applicable law, such provision will be ineffective only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this Authorization.

Governing Law. This Authorization is governed by the laws of the State of Colorado, except to the extent that federal law is controlling.

Disclaimer. You are solely responsible for verifying that the Third Party information including, but not limited to, mailing and email addresses provided above are in fact that of such Third Party. CHFA does not verify and is not liable to you or any other person or entity if the Third Party's identity or other information provided above is incorrect. Further, CHFA is not responsible for, nor liable to you or any other person or entity, for the Third Party's use of the shared documents including, but not limited to, any subsequent distributions of the shared documents or any information provided thereon following CHFA's sharing of the documents to the Third Party.

Withdrawal of Consent. This Authorization is valid until revoked in writing. At any time, you have the right to withdraw your consent by providing written notification to CHFA at privacy@chfainfo.com or by mail to CHFA, Attention: Single Family Servicing Oversight, 1981 Blake Street, Denver, Colorado 80202. Your withdrawal of consent will not be effective until we receive it and have had a reasonable opportunity to act upon it.

Each borrower must sign this form to provide each of their individual authorizations under this Third Party Authorization.

Signature of Borrower

Date

Printed Name

Last 4 Digits of SSN

Phone

Email

Signature of Co-borrower

Date

Printed Name

Last 4 Digits of SSN

Phone

Email

Please note: This form should be transmitted to CHFA as soon as possible and no later than 90 days after the date signed. Please send to the address listed below:

CHFA
Attention: Single Family Servicing Oversight
1981 Blake Street
Denver, Colorado 80202