

Please Sign and Fax to (323) 262-7889



AUTHORIZATION TO DISCLOSE

To Whom It May Concern:

I/We the undersigned applicants have applied for a real estate loan with Allstate Lending Group, Inc. and/or its assignee. I/We hereby authorize you to release information required including credit reports by Allstate Lending Group, Inc. and its assignee or the credit reporting bureau to complete the process of our loan request.

Necessary information may include savings or checking account verification, loan status and payment history verification including credit union and mortgage. A copy of this form shall be permissible by me/us and acceptable to you.

Borrower Signature

Social Security #

Co-Borrower Signature

Social Security #