

# Borrower's Certification & Authorization

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## Certification

The Undersigned certify the following:

1. I/We have applied for a mortgage loan from **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender). In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did we omit any pertinent information.
2. I/We understand and agree that **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender) reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

## Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender). As part of the application process, **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender), and to any investor to whom **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender) may sell my/our mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
3. **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender) or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be acceptable as an original.
5. Your prompt reply to **NATIONAL INSTITUTES OF HEALTH FEDERAL CREDIT UNION** (lender) or the investor that purchased the mortgage is appreciated.

**NOTICE TO BORROWERS:** This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right to access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

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(Borrower's Signature)

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(Borrower's Signature)

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