

## AUTHORIZATION TO VERIFY INFORMATION

I hereby certify that all the information that I have submitted in and with my application for a loan from the County of Sonoma Housing Rehabilitation Assistance Loan Program is true and accurate to the best of my knowledge.

I understand that failure to disclose all financial information or the submission of incorrect information may result in the denial of the loan.

I hereby authorize the Sonoma County Community Development Commission to make whatever inquiries it considers necessary regarding the information that I have provided in my application.

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Applicant

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Date