

Lending Institution Account(s): Provide the bank name, address, and city of lending institution, or branch: _____

Checking Account Number: _____

Lending Institution Name and Address: _____

Savings Account Number: _____

Lending Institution Name and Address: _____

Outstanding Debts (if more room is needed, please write on the back of this sheet):

Company	Address	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please name three people who aren't related to you but know you and your situation.

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Release Form

The applicant understands and authorizes the Austin/Mower County Homeownership Fund Board to determine the applicant's actual needs and the ability to repay the loan. The applicant also agrees to allow the Austin/Mower County Homeownership Fund Board to examine the applicant's credit report.

Applicant

Co-Applicant

Date

Date

Please mail completed applications to:

**City of Austin
Attention: Tom
500 4th Avenue NE
Austin, MN 55912**