

CONSENT TO SHARE INFORMATION

Date _____

To whom it may concern:

_____ Co-operative hereby authorizes the sharing of information among any of the following parties for the purpose of providing service to our co-operative:

- The Agency for Co-operative Housing;
- any regional or national federation of housing co-operatives in which we hold membership;
- the Federal Co-operative Housing Stabilization Fund, if we have financing under the Federal Co-operative Housing (ILM) Program;
- our mortgage lender;
- any government entity that provides funding to our co-operative.

The information can be any information about the co-operative, including such matters as its governance, management, finances or physical condition. Any of the parties above may disclose information to any of the others and may give them copies of any documents they have.

This consent form is not a consent to share any personal information about the member households of our co-op.

We may revoke this authorization at any time by written notice.

Yours truly,

Signature

Position of Authorized Signer