



Coastal Housing Partnership
Letter of Authorization Application

Application for: _____ Home Purchase
_____ Mortgage Refinance
_____ Rental Assistance Program

Name: _____

Employer: _____

Job title: _____

Length of employment: _____ years

Household Income: _____

Home address: _____

Email Address: _____

Phone number: _____

How would you like to receive your Letter of Authorization? Email _____ Mail _____

Are you currently working with a real estate agent: _____ No
_____ Yes (if yes, please list the real estate agent)

Name: _____ Company: _____

Are you currently working with a Lender: _____ No
_____ Yes (if yes, please list the lender)

Name: _____ Company: _____

Coastal Housing Partnership Benefit Requirements:

- 1) In order to receive the Coastal Housing Partnership benefits, you must inform your realtor/lender/home inspection company/landlord as soon as possible**
- 2) Make sure you notify your lender that you are receiving a credit from your real estate agent, so that it can be properly credited**
- 3) In order to obtain rental discount, provide landlord/management company with *Letter of Authorization* prior to lease commencement**

e-mail application to membersupport@coastalhousing.org or mail to
Coastal Housing Partnership Post Office Box 50807, Santa Barbara, California 93150
www.coastalhousing.org