



RELEASE OF LIEN REQUEST

Complete and submit the form to the attention of **Beverly Brown** at beverly.brown@houstontx.gov and copy laura.serrano@houstontx.gov. Please be aware, failure to submit all required materials may delay or prevent the processing of your request. All requests are processed in the order in which they are received. If you need assistance, please call a representative at **832.394.6132** or **832.394.6241** between the hours of **9 A.M. and 4 P.M.** or visit us at <http://www.houstontx.gov/housing/compliance-and-monitoring>.

Requestor Information

Date of Request: _____
Name (Last, First): _____ Firm: _____
Email address: _____ Phone: _____
Comment(s): _____
Are you ordering the Release of Lien for: Self Client (s)

Homeowner's Information and Property Information

Last/First Name: _____
Phone: _____ Date subsidy was received (Year): _____
Property Address: _____
Is the lien against the current or previous homeowner/s? _____

Method of Delivery

Release of liens are not emailed, sent via regular or certified mail. Please select from the one of the following delivery methods (check one):

Overnight delivery (attach an* air bill label) Pick up in person Courier pick up
*For UPS air bills, UPS does not have a drop box in the premises of our building. After notification has been provided that the Release is ready for pick-up, please call UPS to schedule a delivery pickup. The City is not an authorize user on the requestor's account and cannot schedule a UPS pickup.

Reason for Request

Check one or more of the following:

Satisfaction of lien (Maturity date has been met) Death of homeowner(s) Other: _____

Supporting Documentation

Check one or more of the following and attach the indicated supporting document(s):

Recorded lien(s) Copy of death of certificate Other: _____

Authorization

An authorization is required by the homeowner/s. Please free to use the authorization below or you may submit your own authorization.

Homeowner/s Authorization to Release Information to a Third Party

I, _____, certify that I/we am/are the homeowner/s of the property. I/we hereby authorize the following person(s) and/or company to obtain information related to my accounts to: _____
(Please print or type name(s) of authorized person(s) or name of firm)

I authorize Housing and Community Development Department (HCDD) to release said information to the authorized individual(s) or firm. This authorization will remain in effect for **30** days. I understand that I may revoke this authorization at any time before any information is disclosed, in writing, by mail, verbally, by fax or e-mail.

Signed: _____ Date: _____