



RELEASE OF LIEN REQUEST

Complete and submit the form to HCDDLLoanServicing@houstontx.gov. Please be aware, failure to submit all required documents will delay or prevent the processing of your request. All requests are processed in the order in which they are received. If you need additional assistance, please call (832) 394-6200, extension #2.

Requestor Information

Date of Request: _____ Are you ordering the Release of Lien for: Self Client
Name: _____ Firm: _____
Email address: _____ Phone: _____

Homeowner's Information and Property Information

First/Last Name/s: _____ Phone: _____
Property Address: _____
Is the lien against the current or previous owner/s? _____ Year Lien Filed: _____

Reason for the Request

Check one or more of the following:

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

Supporting Documentation

The request will **not** be executed until **ALL** documents have been received. HCDD reserves the right to request additional supporting documentation.

Government Issued ID (required) 2nd Lien Deed of Trust (required) Death of certificate (if applicable)
 Copy of Electric bill (required) Copy of Water bill (required) Other: _____

Authorization

Please free to use the authorization below or submit your own authorization.

I/We, _____, 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/We authorize Housing and Community Development Department (HCDD) to release said information to the authorized individual(s) or firm. I/We understand that I/we may revoke this authorization at any time before any information is disclosed, in writing, by mail, verbally, by fax or email.

Signature 1: _____ Signature 2: _____ Date: _____

Delivery Options

Please select and provide one of the following (check one):

Overnight Delivery (attach FedEx air bill label) Courier pick-up (will contact when ready) Other: _____

HCDD INTERNAL USE

Date Request received: _____
Date Release sent for signature(s): _____
Date Release mailed/picked up: _____