

I hereby authorize \_\_\_\_\_\_ of \_\_\_\_\_ (whose phone number is \_\_\_\_\_\_ ) and/or any designated agent, assistant, Title Company or its agents to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property including home owner's association, taxes, liens and any other encumbrances.

It is understood a photocopy or fax of this form will also serve as authorization.

PROPERTY				
Property Address		City	State	Zip
st MORTGAGE				
Mortgage Company		Account Number		
Phone Number		<b>Fax Number</b>		
Address		City	State	Zip
Loss Mitigation Contract		Direct Phone if Available		
2nd MORTGAGE				
Second Mortgage Company		Account Number		
Phone Number		Fax Number		
Address		City	State	Zip
Loss Mitigation Contract		Direct Phone if Available		
ASSOCIATION (IF ANY)				
Account Number		Management Company		
Phone Number		Fax Number		
AUTHORIZED BY				
Borrower Signature Social Security		ty Number	umber Date of Birth	
Printed Name			Today's Date	?
Co-Borrower Signature	Social Security Number		Date of Birth	
Printed Name			Today's Date	

Form A General