



Third Party Borrower Authorization

Mortgage Servicer Name: _____

Customer Service/Loss Mitigation Phone Number _____

Borrower(s) name(s) _____

Property address _____

Mortgage loan account number(s) _____

Third Party Information (all applicable fields must be completed)

Name of Entity, Agency, Firm HomeOwnershipOC Phone number 714.204.2314

Name(s) of authorized person(s) Connie Der Torossian Sylvia Prata

Mailing address 801 W. Civic Center #200, Santa Ana CA 92701

Office address _____

Email cdt@conniedt.com Website URL www.HomeOwnershipOC.org

Tax ID# 90530 HUD ID State license # (if required) _____ Issuing state _____

For non-profit agencies only *

HUD Approved Counseling Agency?

Yes No

Approval valid until (date) 5/2022

HUD HCS # 90580

* Attach National Foreclosure Mitigation Counseling form if needed

For attorneys only **

Do you represent the above named Borrower for a workout arrangement with the named Servicer?

Yes No

Firm Name _____

Individual Attorney name(s) _____

All states where licensed _____

** Attorney who represents Borrower must sign below

Third Party Acknowledgement

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third-Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program such as Making Home Affordable may result in civil/criminal prosecution.



_____ Date
_____ Title HUD Housing
Counselor

Signature of Third Party Printed name

_____ BORROWER INITIALS
BORROWER AUTHORIZATION OF THIRD PARTY

Borrower Authorization (please initial all items)

Third Party you are authorizing (from first page) _____

_____ I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with the above-named Mortgage Servicer (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

_____ I authorize my Mortgage Servicer, and Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

_____ I understand that my Mortgage Servicer may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

_____ I understand that this Third-Party Authorization Form may not be accepted by my Mortgage Servicer and my Mortgage Servicer will notify me in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

This Authorization expires one year from the date signed unless Borrower cancels it earlier by writing to the Servicer or by completing an Authorization of a different Third Party. **Do not sign form until the form is fully completed. Keep a copy of form.**

Be aware of scams!
Federal and State government agencies have prosecuted hundreds of companies and lawyers who illegally charge up-front fees.
Report scams at HOPE Hotline:
888-995-HOPE (4673)

Signature of borrower _____

Printed name _____ **Date** _____

Social Security Number _____ - _____ - _____

Phone # _____ **Email** _____

Signature of co-borrower _____

Printed name _____ **Date** _____

Social Security Number _____ - _____ - _____

Phone # _____ **Email** _____