



Borrower Authorization for Counseling Form

Enter Borrower Names	
Borrower 1 First Name:	Borrower 1 Last Name:
Borrower 2 First Name:	Borrower 2 Last Name:
Borrower 3 First Name:	Borrower 3 Last Name:
Borrower 4 First Name:	Borrower 4 Last Name:

Enter Property Info		
Property Street Address 1:		
Property Street Address 2:		
Property City:	Property State:	Property Zip Code:

Enter Mortgage Lender Info		
Lender Company Name:	Date:	
Lender Street Address 1:		
Lender Street Address 2:		
Lender City:	Lender State:	Lender Zip Code:

If I fail to make any monthly mortgage payment as agreed, I understand that the servicer of my mortgage loan may refer me to a third-party counseling organization or a mortgage insurer, which will advise me about finding ways to meet my mortgage obligation. I hereby authorize the servicer to release information to such third-party counseling organization or mortgage insurer, and request that the counseling party contact me.

I further hereby authorize the third-party counseling organization or mortgage insurer to make a recommendation about appropriate action to take with regard to my mortgage loan, which may assist the servicer in determining whether to restructure my loan or to offer other extraordinary services that could preserve my long-term homeownership.

Borrower Signatures	
Borrower 1 Signature: _____	Date Signed: _____
Borrower 2 Signature: _____	Date Signed: _____
Borrower 3 Signature: _____	Date Signed: _____
Borrower 4 Signature: _____	Date Signed: _____