ServiSOLUTIONS
A Division of the Alabama Housing Finance Authority

THIRD PARTY AUTHORIZATION FORM

Account Holder

Date:	Account Number:	☐ New Authorization ☐ Cancel Existing Authorization	
Customer Name:		Last 4 digits of SSN:	Phone Number:
Mailing Address:	City:	State:	Zip:

Authorization

I/We hereby authorize_____ (third-party personal information included below) to access information regarding my/our account. (Limited as stated below.)

Reason Needed:

Authorization shall remain valid between _____ (start date) and _____ (end date).

Borrower's Signature: *(All Borrowers must sign.)*	Date:
Co-Borrower's Signature:	Date:

Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

Third-Party Information

Name:	Last 4 digits of SSN or Tax ID Number:		Phone Number:
Address:	City:	State:	Zip:
Third-Party Signature:			Date:

Disclosure Statement

This authorization allows limited information access to your account for the third party listed. This authorization does not provide third parties with authorization to advance any available credit or make financial decisions regarding this account. The third parties may be asked to provide personal information to verify the identity if a call is made to request specific information about your account. ServiSolutions may refuse to disclose any information to a third party who cannot verify his or her secure information.

This form must be signed by the Borrower and Co-Borrower, if applicable, using an original "wet" signature. Electronic signatures are not acceptable.

Return completed form: ServiSolutions
P.O. Box 242967
Montgomery, AL 36124-2967
Collections Fax: 334.244.9214
Loss Mit/Customer Service Fax: 334.271.3104

Non-Borrower Occupant Certification Form

This form is for a party on the original mortgage and/or a legal spouse committed to residing at your property who is not on the original note as a borrower, but whose income you are requesting be considered in the review for loss mitigation options.

Borrower Name (s): _____

Mortgage Account Number: _____

PropertyAddress:_____

Information to be completed by the Non-Borrower Occupant(s):

Name: _____

First Middle Last Suffix

Date of birth: _____ Social Security number: _____- _____- _____

By signing below, I agree to the following:

- I, along with the borrower, executed the original mortgage and/or I am the legal spouse of the borrower, verified by the **attached marriage certificate**.
- I reside at the borrower's principal residence, have done so since _____, and plan to continue to reside at the property for the remaining term of the loan.
- I request that my income be considered in the review for loss mitigation options.
- I contribute **100% of my income** to the household expenses and mortgage payments each month and will continue to do so for the remaining term of the loan.
- I direct ServiSolutions, a division of Alabama Housing Finance Authority, to obtain copies of my credit report to verify my occupancy and monthly obligations.
- I understand my consent for a credit bureau report shall expire upon completion of any loss mitigation program that the borrower completes.
- I have received _____ Home Affordable Modification(s) on one or more properties that I own(ed).
- **I understand by signing this form I am required to provide a front and back copy of my drivers license and all financial information requested of the borrower, and to execute a Trial Period Plan, Loan Modification Agreement and/or Partial Claim, if applicable, as my agreement to assume personal liability for the repayment of the full mortgage debt.**
- I understand information and documents submitted are subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

_____ _____

Signature of the Non-Borrower Occupant Date

_____ _____

Signature of Borrower Date