



Contact US: (954) 830-5602

Email:

EEresidentialservicessolutions@outlook.com

BORROWER'S AUTHORIZATION FORM

Name of Lender: _____

Loan No.: _____ 2nd Loan No: _____

Lender Phone No.: _____

Name on Account: _____

Borrower's Social Security: _____ Co-Borrower's Social Security: _____

Property Address: _____

I/we, the undersigned borrower(s) on the loan referenced above, hereby grant permission for the release of all mortgage/payoff information to **E&E RESIDENTIAL SERVICES SOLUTIONS, LLC** and any of its agents. The requested information is necessary to complete our loan modification process.

This borrower's authorization form has no expiration date and will be utilized until the loan modification and/or Short Sale process has been fulfilled with the corresponding lender(s)

Seller/Borrower Signature: _____

Date: _____

Seller/Borrower Name: _____

Seller/Borrower Signature: _____

Seller/Borrower Name: _____

Date: _____