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**THIRD-PARTY AUTHORIZATION FORM**

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[Lender/Servicer Name (“Servicing Institution”)] [Account Loan Number]

The Applicant and Co-Applicant (if any) named below (individually and collectively, “Applicant”), authorize the above Servicing Institution and the following third parties:

**The Bank of New York Mellon**

**Thomas Kennedy (212) 815-4871**

[Designated Counseling Agency] [Fiscal Agent]

**Neighborhood Reinvestment Corporation**

**d/b/a NeighborWorks® America Risk Management Group, LLC**

**Kathryn Watts (202) 220-7054 Dante Jackson (480) 585-1822**

[Intake Representative] [Fiscal Agent’s Authorized Representative]

(individually and collectively, “Third Party”) to share, release, discuss, and otherwise provide to and with each other, and/or their agents or other authorized representatives, public and non-public personal information contained in or related to the mortgage loan account of the Applicant. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income documentation, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Applicant. The Applicant and Co-Applicant (if any) also understand and consent to the disclosure of public and non-public personal information by and between the Designated Counseling Agency, Fiscal Agent, Servicing Institution, Intake Representative, and the United States Department of Housing and Urban Development (“HUD”), and/or its agents or other authorized representative, in connection with its responsibilities under the Emergency Homeowners’ Loan Program (“EHLP”), including but not limited to application intake, data and documentation verification, program and assistance evaluation, monitoring, and oversight.

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

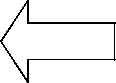
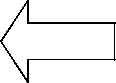
* It is expected that an EHLP-approved housing counselor will work directly with HUD or HUD’s agent or other authorized representative.
* Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

The Servicing Institution will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicing Institution also has no responsibility or liability for what a Third Party does with such information.

This Third-Party Authorization is valid when signed by all Applicants and Co-Applicants named on the mortgage. This Third-Party Authorization is invalid when the Servicing Institution receives a written revocation signed by any Applicant or Co-Applicant.

**By signing this form, I certify that I understand and agree to the terms of this third-party authorization.**

APPLICANT: CO-APPLICANT:

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Printed Name Printed Name

SIGN

SIGN

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Signature Signature

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Date Date

**"Public reporting** burden for this collection of information is estimated to average .50 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for authorization to share, release, discuss, and otherwise provide information contained in or related to the mortgage loan account of the applicant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.