

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: Ryan Robbins	Date of Birth: June 27, 1973	Social Security Number: 455-67-0881
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I want this information released because I am conducting the following business transaction:

Seeking a mortgage from the company

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: Fairway Independent Mortgage Corporation

Company Address: 1340 S Main St, Suite 195,rapevine, TX 76051

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is: Equifax Verification Services
11432 Lackland Road
Saint Louis, MO 63146

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 days from the date signed. (Please initial.)

Signature:	Date Signed:
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Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address: 103 Inverness Dr

City/State/IP: Trophy Club, TX 76262

Phone Number:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

----- TEAR OFF -----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name: Demra Robbins	Date of Birth: December 14, 1973	Social Security Number: 641-03-4336
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I want this information released because I am conducting the following business transaction:

Seeking a mortgage from the company

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

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