



CERTIFIED DISTRESSED
PROPERTY EXPERT

AUTHORIZATION TO RELEASE INFORMATION

This release will be used for the purpose of facilitating and expediting the transaction contemplated by the listing agreement between the undersigned and _____. It will be used to obtain personal and financial information of the undersigned. The authorized parties listed below shall use all reasonable means to ensure the information provided is used for the purposes set out below. The parties listed below shall not be liable and shall be held harmless from and for any claims of loss or damage caused in connection with the use of this authorization.

I hereby authorize _____ of _____ (whose phone number is _____ and fax number is _____) and/or any designated agent, assistant, Title Company or its agents to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property, including homeowner's association, taxes, liens, and any other encumbrances.

I/We, _____, hereby release _____, its affiliates, employees, agents, and directors from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing and a copy of such revocation is provided to all parties listed above.

It is understood a photocopy or fax of this form will also serve as authorization.

PROPERTY _____

_____	_____	_____	_____
<i>Property Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

1st MORTGAGE _____

_____	_____
<i>Mortgage Company</i>	<i>Account Number</i>
_____	_____
<i>Phone Number</i>	<i>Fax Number</i>
_____	_____
<i>Address</i>	<i>City</i> <i>State</i> <i>Zip</i>
_____	_____
<i>Loss Mitigation Contact</i>	<i>Direct Phone (if available)</i>

2nd MORTGAGE _____

_____	_____
<i>Second Mortgage Company</i>	<i>Account Number</i>
_____	_____
<i>Phone Number</i>	<i>Fax Number</i>
_____	_____
<i>Address</i>	<i>City</i> <i>State</i> <i>Zip</i>
_____	_____
<i>Loss Mitigation Contact</i>	<i>Direct Phone (if available)</i>

ASSOCIATION (IF ANY) _____

_____	_____
<i>Account Number</i>	<i>Management Company</i>
_____	_____
<i>Phone Number</i>	<i>Fax Number</i>

AUTHORIZED BY _____

_____	_____	_____
<i>Borrower Signature</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
_____	_____	_____
<i>Printed Name</i>		<i>Today's Date</i>
_____	_____	_____
<i>Co-Borrower Signature</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
_____	_____	_____
<i>Printed Name</i>		<i>Today's Date</i>

Form A General