



CHANGING THE FACE OF HOME LOANS

8950 Cypress Waters Blvd.
Dallas, TX 75019

OUR INFO
ONLINE

www.mrcooper.com

STATEMENT OF INFORMATION

Thank you for contacting us about the Deed in Lieu/Mortgage Release Program. This is our Statement of Information form which we ask you to complete and return as soon as possible for us to confirm your eligibility for the program.

This information will be used by the title company to insure a transaction conveying real property in which you are interested and will be treated as confidential, meaning that only Mr. Cooper and the title company will have access to this information. In processing this transaction there may be judgments, bankruptcies, divorces, and income tax liens against persons whose names are in some way similar to yours. Such matters must be considered unless eliminated by information showing you are not the person involved.

By completing this form in full you are helping to make it possible for us to provide you exemplary service. Please fax the completed documents back to us at 214-488-1993.

This statement is to be signed personally by each party to the transaction and by both spouses/partners, if married/registered (Section 1 is to be completed by the husband/partner, and Section 2 by the wife/partner). The title company has asked that we obtain this information as it is necessary to insure a transaction involving real property in which you are interested. In that regard, the title company may encounter judgments, bankruptcies, dissolutions, and liens against persons with the same or similar name as yours. This information will aid them in ruling these matters out if they do not relate to you or your property.

Property Address of Transaction:
Number & Street
City, State & Zip
Vacant Land:
Is Property:
Owner Occupied
Tenant Occupied

Proposed Date of Vacancy:

Are you aware of any damage to the property that would require repairs?

1. Name:
First
Middle (If None, write None)
Last

Social Security No.
Driver's License No.
Date of Birth
Place of Birth

Phone Number

Have you ever been issued, or used, any other Social Security Number?
If yes, what number did you use?

Status: Single Married* Divorced Widow/Widower Registered Domestic Partner
Mark One: Male Female

*Married or Registered On:
At

*If married, spouse's name
*Spouse's name prior to marriage

* Have you ever used another name
State resident since (date)

PLEASE SEE FOLLOWING PAGE(S)



OCCUPATIONS LAST TEN YEARS

Occupation Firm Name Address No. Years

Occupation Firm Name Address No. Years

RESIDENCES LAST TEN YEARS

Number and Street City and State From (date) To (date) Own Rent

Number and Street City and State From (date) To (date) Own Rent

FORMER MARRIAGES/REGISTERED DOMESTIC PARTNERSHIP

If no former marriage, write "none," otherwise complete the following:

Name of former spouse/partner: _____ Social Security No. _____

Deceased: Dissolution: Date: _____ Where: _____

First and last name(s) of children from this marriage _____

Name of former spouse/partner: _____ Social Security No. _____

Deceased: Dissolution: Date: _____ Where: _____

First and last name(s) of children from this marriage _____

2. (Spouse's/Partner's Name): _____
 First Middle (If None, write None) Last

Social Security No. Driver's License No. Date of Birth Place of Birth

Phone Number _____

Have you ever been issued, or used, any other Social Security Number? Yes No
 If yes, what number did you use? _____

Status: Single Married* Divorced Widow/Widower Registered Domestic Partner Mark One: Male Female

*Married or Registered On: _____ At _____
 (Date) (City, County, State)

*If married, spouse's name _____ *Spouse's name prior to marriage _____

* Have you ever used another name Yes No - provide all names _____ State resident since (date) _____

OCCUPATIONS LAST TEN YEARS

Occupation Firm Name Address No. Years

Occupation Firm Name Address No. Years

RESIDENCES LAST TEN YEARS

Number and Street City and State From (date) To (date) Own Rent

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FORMER MARRIAGES/REGISTERED DOMESTIC PARTNERSHIP

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First and last name(s) of children from this marriage _____

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Deceased: Dissolution: Date: _____ Where: _____

First and last name(s) of children from this marriage _____

Signature: _____ Date: _____

Home Phone: _____ Business Phone: _____

Signature: _____ Date: _____

Home Phone: _____ Business Phone: _____

*****PLEASE RETURN A COPY OF YOUR DRIVER'S LICENSE WITH THE ATTACHED FORM*****

