

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 <u>full</u> 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.

	,		•	
<b>Property Add</b>	ress of Trar	saction:		
		Number & Stree	t	City, State & Zip
Vacant Land:			Is Property:	
□Yes □No			☐ Owner Occ	upied
			☐ Tenant Occ	
<b>Proposed Dat</b>	e of Vacano	cy:		
Are you awar	e of any da	mage to the property	that would require rep	pairs?
<b>1.</b> Name:				
First			Middle (If None, write Nor	ne) Last
Social Security No	D.	Driver's License N	lo. Date of Bir	th Place of Birth
Phone Number				
Have you ever be If yes,	een issued, or what number	used, any other Social Secur did you use?	rity Number?  Yes No	<u></u>
Status: Single	☐Married*	□Divorced □Widow/Wi	idower Registered Dome	estic Partner Mark One: Male Female
	*Married or F	Registered On:	At	
		(Date)	(C	ity, County, State)
*If married, spou	ıse's name		*Spouse's name	prior to marriage
* Have you ever	used another i	name  Yes  No - provide	e all names	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 YEA	<b>ARS</b>		
				_ □Own	Rent
Number and Street	City and State	From (date)	To (date)		
Number and Street	City and State	From (date)	To (date)	_	Rent
FORMER	R MARRIAGES/REGIST	TERED DOMES	TIC PARTNERS	HIP	
If no former marriage, writ	e "none," otherwise complete the fol	lowing:			
Name of former spouse/pa	rtner:		Social Security No		
Deceased:  Dissolution	n:	Where:			
riist and iast name(s) of ci	muren nom uns marrage				
Name of former spouse/pa	rtner:		Social Security No		
Deceased: Dissolution	n:	Where:			
First and last name(s) of cr	nildren from this marriage				
2. (Spouse's/Partner's Na	me):	AA: LIL (TCAL			
	First	Middle (If None, Write	e None) Last		
Social Security No.	Driver's License No.	Date of Birt	h Place of Birth		
Phone Number					
	, or used, any other Social Security N ber did you use?				
	d* Divorced Widow/Widower			le □Fer	nale
-		_			
	stered On:(Date)	(City, Cou	unty, State)		
*If married, spouse's name	2	*Spouse's name p	orior to marriage		
* Have you ever used anot	her name  Yes  No - provide all ı	names	State resident	since (dat	e)
	OCCUPATIONS	LAST TEN YEA	ARS		
Occupation	Firm Name	Address	No. Years		
Occupation	Firm Name	Address	No. Years		
	RESIDENCES	LAST TEN YEA	<b>IRS</b>		
				Own	□Rent
Number and Street	City and State	From (date)	To (date)	_	
Niverbana 1 Ct	City of City	F (1.1.)	T. (1.1.)	Own	Rent
Number and Street	City and State	From (date)	To (date)		



## FORMER MARRIAGES/REGISTERED DOMESTIC PARTNERSHIP

If no former marriage, write "none," otherwise complete the	following:	
Name of former spouse/partner:	S	Social Security No
Deceased: Dissolution: Date:	Where:	
First and last name(s) of children from this marriage		
Name of former spouse/partner:	S	Social Security No
Deceased: Dissolution: Date:	Where:	,
First and last name(s) of children from this marriage		
.,		
Signature:	Date:	
Signature:		
Home Phone:	Business Phone:	
	Business Phone:	
Home Phone:	Business Phone: Date: _	

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



## TO WHOM IT MAY CONCERN:

Loan Number: \_\_\_\_\_

This serves as written authorization and notification for Mr. Cooper, its employees, agents, or subcontractors to discuss and/or negotiate on the Borrowers' behalf all mortgage-related matters. Borrowers agree that Mr. Cooper, its employees, agents, or subcontractors may discuss and/or release any personal private financial information related to our mortgage or mortgaged property with any interested party (such as a junior or senior lien holder or servicer, insurance agent, real estate agent, attorney, employer or lender advocacy agency, or the like) in order to determine if a workout solution can be completed on our mortgage. This Consent shall remain in effect unless the Borrowers revoke it in whole or part by sending a written communication to Mr. Cooper, Attn: Centralized Collateral, P.O. Box 619097, Dallas, TX 75261.

Please direct all inquiries and questions to:

Mr. Cooper
Attn: Centralized Collateral
866-316-2432
Our hours of operation are Monday through Friday from 8 a.m. to 6 p.m. (CT).

Borrower(s):

Borrower(s):

Borrower Signature

Date

Property Address: