



flagstar

8950 Cypress Waters Blvd.
Coppell, TX 75019

OUR INFO

ONLINE

www.myloansflagstar.com

Return only if pursuing a Deed In Lieu/Mortgage Release

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 Flagstar Bank 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 214-222-6052.

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:

☐ Yes ☐ No

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? ☐ 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) _____

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?

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Mark One: ☐

Male ☐ Female

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

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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 STATE IDENTIFICATION WITH THE ATTACHED
FORM*****



TO WHOM IT MAY CONCERN:

This serves as written authorization and notification for Flagstar Bank, its employees, agents, or subcontractors to discuss and/or negotiate on the Borrowers' behalf all mortgage-related matters. Borrowers agree that Flagstar Bank, 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 Flagstar Bank, Attn: Centralized Collateral, P.O. Box 619097, Dallas, TX 75261.

Please direct all inquiries and questions to:

Flagstar Bank
Attn: Centralized Collateral
833-755-2086

Our hours of operation are Monday through Friday from 7 a.m. to 8 p.m. (CT).

Borrower(s): _____

Borrower(s): _____

Borrower Signature

Date

Borrower Signature

Date

Property Address: _____

Loan Number: _____