



8950 Cypress Waters Blvd.  
Coppell, TX 75019

**OUR INFO**  
ONLINE  
[www.rightpathservicing.com](http://www.rightpathservicing.com)

**Return only if pursuing a Deed n 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 RightPath Servicing 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 469-464-0343.

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)**

RightPath Servicing<sup>SM</sup> and Mr. Cooper<sup>®</sup> are brand names for Nationstar Mortgage LLC.



## 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)	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Number and Street	City and State	From (date)	To (date)	<input type="checkbox"/> Own <input type="checkbox"/> 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
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## RESIDENCES LAST TEN YEARS

Number and Street	City and State	From (date)	To (date)	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Number and Street	City and State	From (date)	To (date)	<input type="checkbox"/> Own <input type="checkbox"/> Rent

## FORMER MARRIAGES/REGISTERED DOMESTIC PARTNERSHIP

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

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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 \_\_\_\_\_

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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 RightPath Servicing, its employees, agents, or subcontractors to discuss and/or negotiate on the Borrowers' behalf all mortgage-related matters. Borrowers agree that RightPath Servicing, 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 RightPath Servicing, Attn: Centralized Collateral, Lake Vista 4, 800 State Highway 121 Bypass, Lewisville, TX 75067.

Please direct all inquiries and questions to:

RightPath Servicing  
Attn: Centralized Collateral  
833-685-2590

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: \_\_\_\_\_