

Return only if pursuing a Short Sale

Short Sale Third Party Authorization Form

Loan Number: _____

Borrower(s) Acknowledgment:

I/we, the undersigned borrower and co-borrower (if any) (individually and collectively, the "Borrower," "Me" or "My") hereby authorize Champion Mortgage, its employees, affiliates, agents or subcontractors to release and/or discuss any personal, private financial information related to the mortgage, mortgagor, or mortgaged property, including, but not limited to, income, expenses, credit scores, status of any current or previous workout, account, balances, program eligibility, payment activity and any other confidential information (including non-public information) with the Designated Representative and the support staff of the Designated Representative, (as identified on page 2) title company, attorney or escrow company, as required for the consummation of the Short Sale.

I further agree and acknowledge as follows:

- I acknowledge that Champion Mortgage is not responsible for any act or omission of the Designated Representative, including anything the Designated Representative may do with information it is provided hereafter or for any failure of the Designated Representative to competently perform its services.
- I agree that the Designated Representative can authorize a delegate to provide administrative support to facilitate procedural or other clerical and administrative functions that are non-licensable activities on behalf of the Designated Representative.

This Third Party Authorization shall remain in effect until completion of a Short Sale, unless revoked in whole or part by me in a written communication to Champion Mortgage, Attn: Collateral, PO Box 619097, Dallas, TX 75261.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD PARTY AUTHORIZATION.

Borrower Signature

Date

Borrower Signature

Date

Printed Name

Printed Name



Designated Support Staff: _____ Company Name: _____
Phone: _____ Email: _____

Designated Support Staff Signature

Date

Designated Support Staff: _____ Company Name: _____
Phone: _____ Email: _____

Designated Support Staff Signature

Date