

## Case Submission

Please e-mail this document to [escalations@hmpadmin.com](mailto:escalations@hmpadmin.com)

Date: (mm/dd/yyyy)

### HOMEOWNER INFORMATION

|                   |                                 |
|-------------------|---------------------------------|
| Homeowner Name:   | Last 4 digits of SS#:           |
| Property Address: | MHA Program:                    |
| Phone:            | Property Owner Mailing Address: |
| Email Address:    |                                 |

### SERVICER INFORMATION

|   |                |
|---|----------------|
| Servicer Name:                                    | Investor Type: |
| Servicer Loan #:<br><i>(required to escalate)</i> |                |

### ESCALATION INFORMATION

|                            |                                     |
|----------------------------|-------------------------------------|
| Name:                      | Are you charging a fee?             |
| Contact Name:              | Yes No                              |
| Contact Phone #:           | If so, how much?                    |
| Contact Email:             | Property Type:                      |
| Relationship to Homeowner: | Owner Occupied Second/Seasonal Home |
|                            | Rented Vacant                       |

#### Case Type: *(choose one)*

Servicer did not assess the borrower for the applicable MHA Program according to Program Guidelines

Initiation or continuance of foreclosure actions in violation of Program Guidelines, and there is no foreclosure sale scheduled to occur in the next 14 days

Initiation or continuance of foreclosure actions in violation of Program Guidelines, and foreclosure is imminent (i.e., sale scheduled to occur in the next 14 days)

Inappropriate program denial

Other

If other, please describe:

Foreclosure Date *(if applicable)*:

Eviction Date *(if applicable)*:

Description of Concerns:

\*\* If you/the homeowner was denied assistance under the Making Home Affordable Program, please provide a copy of the Non-Approval Notice the homeowner received.

#### Third Party Authorization Form

Please provide a copy of the authorization form executed by the homeowner that authorizes us to communicate with you about the homeowner's mortgage loan and authorizes you to act on their behalf with respect to assistance on their mortgage loan. The MHA Third Party Authorization Form is available as the 2nd page of this Case Submission form or at <http://www.hmpadmin.com> under "Programs" - "Home Affordable Modification Program" - "Borrower Documents" - "General Solicitation Offers". You can send a copy of the Non-Approval Notice and the authorization form as an email attachment or by fax to 1-240-699-3883.

*Note: The information requested needs to be sent from your organization's email account, not a public ISP (such as AOL, Yahoo, gmail, etc.). For future communication, please retain the servicer loan number for reference to this case.*

## Third-Party Authorization Form

\_\_\_\_\_  
**Mortgage Lender/Servicer Name ("Servicer")**

\_\_\_\_\_  
**[Account][Loan] Number**

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and the following third parties

\_\_\_\_\_  
**[Counseling Agency]**

\_\_\_\_\_  
**[Agency Contact Name and Phone Number]**

\_\_\_\_\_  
**[State HFA Entity]**

\_\_\_\_\_  
**[State HFA Contact Name and Phone Number]**

\_\_\_\_\_  
**[Other Third Party]**

\_\_\_\_\_  
**[Third Party Contact Name and Phone Number]**

\_\_\_\_\_  
**[Relationship of Other Third Party to Borrower and Co-Borrower]**

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

**Before signing this Third-Party Authorization, beware of foreclosure rescue scams!**

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:**

**Borrower**

**Co-Borrower**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



### **THIRD PARTY AUTHORIZATION FORM COMPLETION GUIDELINES**

**[Mortgage Lender/Servicer Name] (“Servicer”)** - The name of the banking institution servicing the account.

**[Account] [Loan] Number** - The account or loan number assigned to the mortgage. You can find this on the mortgage statement.

**[Counseling Agency]** - The name of the Counseling Agency assisting the Borrower(s).

**[Agency Contact Name and Phone Number]** - The name and telephone number of the primary point of contact at the Counseling Agency.

**[State HFA Entity]** – The name of the State Housing Finance Agency (if applicable).

**[State HFA Contact Name and Phone Number]** - The name and telephone number of the primary point of contact at the State Housing Finance Agency (if applicable).

**[Other Third Party]** – The name of the Real Estate Agency, Attorney/Law Offices, Trusted Advisors, non-borrower spouse or other person/entity (if applicable).

**[Third Party Contact Name and Phone Number]** - The name and telephone number of the primary point of contact of the Other Third Party.

**[Relationship of Other Third Party to Borrower and Co-Borrower]** - If applicable or needed, provide additional information on the relationship of the Other Third Party to the Borrower(s).

#### **[Borrower]**

**Printed Name** – The first and last name of the Borrower named on the mortgage. [Parties on the Deed but not on the Mortgage should not sign the LOA].

**Signature** –Borrower’s signature.

**Date** – The date of the signature.

#### **[Co-Borrower]**

**Printed Name** – The first and last name of any Co-Borrower named on the mortgage. [Parties on the Deed but not on the Mortgage should not sign the LOA].

**Signature** – Co-Borrower’s signature.

**Date** - The date of the signature.