

DATE:
BORROWER:
CASE NO:
LOAN NO:
PROPERTY:

BORROWER'S AUTHORIZATION FOR REFERRAL TO COUNSELING FANNIE MAE COMMUNITY LENDING

If I fail to make any mortgage payment as agreed, I understand that the servicer of my mortgage loan may refer me to a third-party counseling organization or the mortgage insurer that will advise me about finding ways to meet my mortgage obligation.

I authorize the servicer to release certain information related to the servicer's own experience with me to the third-party counseling organization or mortgage insurer and request that the counseling party contact me. This information will include, but not be limited to:

Original Loan Amount
Current Balance
Payment Due Date
Payment History

Monthly Payment Amount
Amount Past Due
Credit Report

I further authorize the third-party counseling organization or mortgage insurer to make a recommendation about appropriate action to take with regard to my mortgage loan, which recommendation may assist the servicer in determining whether to restructure my loan or to offer other extraordinary services that could preserve my long-term homeownership.

Borrower

Date

Borrower

Date

Borrower

Date

Borrower

Date