



California Short Sale Solutions
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Newport Beach, CA 92660
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AUTHORIZATION FORM – SHORT SALE REQUEST

Mortgage Servicer: _____ **Loan #:** _____ (First)

Borrower's Name: _____

Property Address: _____

I _____ with Social Security Number _____ - _____ - _____ hereby authorize my above mortgage company to discuss my short sale application with

Designated Agent (Print)

As my designated agent(s) further, you are authorized to discuss as well as deliver documents to my designated agent concerning my account. I understand that I will be fully responsible for reviewing any information that is sent by my mortgage company to my Designated Agent. This authorization will remain in effect until I specifically notify my mortgage company in writing that this authorization is no longer in effect.

Please note this in your system

My designated Agent is:

Designated Agent (Print)

My designated representative is authorized to access all information requested in connection with the fulfillment of the Short Sale. This information may include disclosures, property notices, names, addresses, Social Security numbers, financial information, credit information and any other confidential information related to the homeowner(s) or property.

I understand and agree with the terms of this third-party authorization.

Borrower's Signature Social Security # Date

Co-Borrower's Signature Social Security # Date