

## Short Sale Third Party Authorization Form

Property Address: \_\_\_\_\_ 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 Nationstar Mortgage LLC d/b/a Mr. Cooper ("Mr. Cooper"), 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 Mr. Cooper 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 Mr. Cooper, 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 Representative Acknowledgment:**

The Designated Representative represents and agrees that: (1) they are a licensed real estate agent, real estate broker, attorney ("Licensee") in good standing in the state in which the property is located and that the Licensee has all licenses, permits or authorizations required by state or federal law to perform the duties undertaken by it in connection with the short sale; (2) they will not knowingly misrepresent or omit any material fact in order to induce the Borrower(s), Lender, Investor or the Insurer to agree to terms of a short sale that the Borrower(s), Lender, Investor, or the Insurer would not have agreed to had all material facts been known; (3) they are in compliance with all applicable state and federal laws, rules and regulations governing the services provided, including, without limitation, those related to providing required disclosures to the Borrower(s); and (4) they shall be responsible and liable for all acts and omissions of its Designated Support Staff delegated to work on their behalf.

Each Designated Representative and their Designated Support Staff involved in a Short Sale regarding property below:

\_\_\_\_\_  
Address City State Zip Code

Designated Representative: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Designated Representative Signature Date

Designated Representative: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Designated Representative Signature Date

Designated Representative: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Designated Representative Signature Date

The following Support Staff does not hold a Real Estate Agent/Broker's License nor an Attorney's License, but is assisting the above-identified Licensee(s) with administrative functions:

Designated Support Staff: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Designated Support Staff Signature Date

Designated Supprt Staff: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Designated Support Staff Signature Date

Designated Supprt Staff: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Designated Support Staff Signature Date