

HOUSING AND MORTGAGE DISCLOSURE AUTHORIZATION

Delaware Department of Justice
Office of Foreclosure Prevention
820 N. French Street, 5th Floor
Wilmington, DE 19801
Phone: (302) 577-8600 or (800) 220-5424
Email: consumer.protection@delaware.gov

Borrower Information:

Name: _____

Last four (4) digits of Social Security Number (SSN): _____

Co-Borrower Information:

Name: _____

Last four (4) digits of Social Security Number (SSN): _____

Property Address: _____

Servicer's Name: _____ Investor: _____

Loan Number: _____

I/We am/are the borrower(s) on the above referenced loan.

By signing below, I hereby authorize the person or business that the complaint is against to share, release, discuss, and otherwise provide to the Delaware Department of Justice, Office of Foreclosure Prevention, any public and non-public personal information contained in or related to the mortgage loan in my name. This authorization will remain in effect until I send written notice to the person/business that the complaint is against that the authorization is revoked.

Borrower's Printed Name

Borrower's Signature

Date Signed

Co-Borrower's Printed Name

Co-Borrower's Signature

Date Signed