



HAFAs Lien Holder Release

**CERTIFIED DISTRESSED
PROPERTY EXPERT®**

This release will be used for the purpose of facilitating and expediting the transaction contemplated by the listing agreement between the undersigned and _____. It will be used to obtain personal and financial information of the undersigned. The authorized parties listed below shall use all reasonable means to ensure the information provided is used for the purposes set out below. The parties listed below shall not be liable and shall be held harmless from and for any claims of loss or damage caused in connection with the use of this authorization. I hereby authorize _____ of _____ (whose phone number is _____ and fax number is _____) and/or any designated agent, assistant, Title Company or its agents to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property, including homeowner's association, taxes, liens, and any other encumbrances. I/We, _____ hereby release, _____ its affiliates, employees, agents, and directors from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing and a copy of such revocation is provided to all parties listed above. This loan is eligible for the Home Affordable Foreclosure Alternatives (HAFAs) Program in which the loan servicer, on behalf of the investor, authorizes the settlement agent to allow up to six percent (6%) of the unpaid principal balance of each subordinate lien in order of priority, not to exceed an aggregate total of \$6,000 for all loans, to be deducted from the sale proceeds. As a subordinate lien holder, I/We _____ hereby release the borrower from all claims and liability relating to the subordinate lien in exchange for receiving the agreed upon payoff amount. It is understood a photocopy or fax of this form will also serve as authorization.

PROPERTY:

Property Address _____ City _____ State _____ Zip _____

LIEN HOLDER:

Financial Institution Mortgage Insurance Company Condo / Homeowner Association

Company _____ Account Number _____

Date _____ Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

Loss Mitigation Contact _____ Direct Number _____ E-mail Address _____

Authorized signature _____ Printed name _____ Title _____

OTHER LIEN HOLDER(S):

Listed in order of priority

AUTHORIZED BY:

Borrower Signature _____ Social Security Number _____ Date of Birth _____

Printed Name _____ Date _____

Borrower Signature _____ Social Security Number _____ Date of Birth _____

Printed Name _____ Date _____

Reserved for Notary (if required)

HAFAs RELEASE