

LAW OFFICES OF  
NOBLE & ASSOCIATES

PROFESSIONAL CORPORATION  
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FOREST HILLS, NY 11375

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**General Authorization Form**

1<sup>st</sup> Lender/Lien: \_\_\_\_\_ Loan/ Account #: \_\_\_\_\_  
2<sup>nd</sup> Lender/Lien: \_\_\_\_\_ Loan/ Account #: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Borrower's Name: \_\_\_\_\_  
Co-Borrower's Name: \_\_\_\_\_

I/We hereby authorize you to release to Law Offices of Noble & Associates, P.C. and their respective employees, officers, agents and assigns ANY and ALL information (including, but not limited to past and present employment earnings, bank accounts and other asset information) they may require for the purpose of discussing my loan or any credit transactions, transfers, payoffs, settlements of my/our loan(s)/account(s) for the above referenced property. "Agents" include all closing agents, attorneys, employees of Law Offices of Noble & Associates, P.C. and their assistants.

I am requesting my mortgage lender to allow the aforementioned parties and their Agents to do whatever possible to avoid foreclosure and/or restructure loan terms due to the hardship I am experiencing.

The information aforementioned parties obtain is only to be used in the processing of my application for a repayment plan with my current lender.

According to the Fair Debt Collection Protection Act, I have the right to request that you, my lender, not contact me by phone regarding my loan being in default. I do not wish to speak to any collections agents about this account. Please make any future communication with me in writing or if you must speak with someone regarding this account, please talk to my authorized representative who is assisting me in modifying my loan. The information obtain by my authorized representative is to used for the purpose of facilitating the resolution of my loan modification.

**This form serves to acknowledge that mortgagor has authorized our firm to act in their behalf to resolve their mortgage difficulties. This is in accordance with Title 24 of the CFR 203.500 (HUD) where applicable.**

You may reproduce this document if needed to acquire references from more than one source. A copy of this authorization is deemed to be an original.

Agent(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower's Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Borrower's Contact Phone #: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower's Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Co-Borrower's Contact Phone #: \_\_\_\_\_