# Short Sale Third-Party Authorization Form



## Borrower(s) Acknowledgment

Loan Number:		Property Address:		
Borrower:				
Co-Borrower:				
The undersigned Borrower and Co-Borrower (if ar authorize(s) Bank of America, N.A., its affiliates, ag party(ies) described on the next page (the "Designa above-listed Property Address (the "Property"), which an amount less than the outstanding principal balance.	gents and o ted Repre ch is secur	employees (collectively, sentative(s)") on My bel ed by a loan owned or s	"BANA") to discuss with th half the sale of the propert erviced by BANA ("Mortgag	e third y at the
Designated Representative:				
My Designated Representative and BANA are hereby requested or otherwise required to be exchanged in would include, e.g., legal disclosures, legal notices, income, credit scores, status of any current or prevactivity and any other confidential (including nonpul the Property.	connection names, ad vious work	n with the consummatio dresses, telephone nun out review, account, bal	n of the Short Sale. This inf nbers, Social Security numb ances, program eligibility, p	ormation pers, payment
I further agree and acknowledge as follows:  • I have selected the Designated Representativ  • I acknowledge that BANA is not responsible fo anything the Designated Representative may the Designated Representative to competent:  • I agree that the Designated Representative can Support Staff") to facilitate procedural, or of activities on behalf of the Designated Representative Acknowledgment.	r any act o do with in ly perform n authorize ther cleric	nformation it is provided its services. e a delegate to provide a al and administrative fu	I hereunder, or for any failu dministrative support ("Desi unctions that are non-licen:	re of ignated sable
This Third-Party Authorization will be effective until me (us) in writing.	esentative. The Designated Support Staff is identified on the Designated ntil the completion of the Short Sale(s) unless terminated by			
I UNDERSTAND AND AGREE WITH THE TERI	MS OF TI	HIS THIRD-PARTY A	JTHORIZATION.	
	Date	Co-Borrower's Signature		Date
See reverse side for Designated Representative Ack	nowledger	nent.		

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### **Designated Representative Acknowledgment**

Each undersigned Designated Representative represents and agrees that, he/she (i) is a licensed real estate agent, real estate broker or attorney ("Licensee") in good standing in the state in which the Property is located, and that 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, (ii) shall not knowingly misrepresent or omit to state, any material fact in order to induce the Borrower(s), BANA, the lender, the investor or the insurer to agree to the terms of a Short Sale that the Borrower(s), BANA, the lender, the investor or the insurer would not have agreed to had all material facts been known, and (iii) is 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 shall be responsible and liable for all of the acts and omissions of its Designated Support Staff authorized to work on his/her behalf.

#### Each Designated Representative and his or her Designated Support Staff involved in a Short Sale regarding:

Address	City		State	Zip
Must complete, sign and date belo	ow.			
Designated Representative:		Company Name:		
State Licensing Entity:	State Licens	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
Designated Representative:		Company Name:		
State Licensing Entity:	State Licens	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
Designated Representative:		Company Name:		
State Licensing Entity:	State Licens	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
Designated Representative:		Company Name:		
State Licensing Entity:	State Licens	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
The following Support Staff do(es) no above identified licensee(s) with adm	_	Broker's License nor an	Attorney's L	icense but is assisting the
Designated Support Staff:		Company Name:		
Assistant For:	Designated Representa	ative Signature		Date
Designated Support Staff:		, and the second		
		company name.		
Assistant For:		ative Signature		Date