

LM223 013 SH0

P.O. Box 55004 Irvine, CA 92619 888.504.6700 toll free 949.341.2200 fax www.rushmorelm.com

THIRD PARTY AUTHORIZATION REQUEST FORM

Please complete:		
Date:	_	Loan Number:
Property Address:		Zip Code:
The undersigned individuals have a loan serviced by Rushmore Loan Management Services LLC ("RUSHMORE") and hereby authorized RUSHMORE, its associates, agents and/or assigns the right to discuss the above referenced mortgage loan with the following named individuals (herein after, "Designated Agents").		
Please state in what capacity these individuals are representing you next to their names, for example: real estate agent, loan officer, attorney, spouse, loss mitigation supervisor, etc. If the authorized party is legal counsel for you then we also require that they submit a separate letter of representation to our office that specifies in what capacity they represent you.		
Designated Agent:		
Name	Phone No.	Relationship to Borrower
Name	Phone No.	Relationship to Borrower
I/We hereby authorized RUSHMORE to discuss my/our request for payment assistance/foreclosure alternatives with the individual(s) that I/We have identified above as my/our Designated Agent(s). Further, RUSHMORE is hereby authorized to negotiate the terms of a workout agreement with my Designated Agent and to deliver documents to my/our Designated Agent which concern my/our request for payment assistance/foreclosure alternatives. I/We understand that I/We will be fully responsible for reviewing any information that is sent by RUSHMORE to my/our Designated Agent. This Authorization will remain effective until I/We specifically notify RUSHMORE's Home Retention Department in writing that this Authorization is of no further force and effect.		
Borrower Signature:	Date	Borrower Signature: Date
Borrower Signature:	Date	Borrower Signature: Date