

Referral Fee Agreement

This is an agreement between

CARE, Inc. a non-profit organization
PO Box 1614
Allentown, PA 18105-1614

And

Any referrals given to CARE you will be paid 10% of our fee. You will need to provide the information attached to this contract. The authorization form and all docs needed you can obtain at www.CARE-Services.us. Please fax back the authorization first and then the other docs can follow to 1-866-826-9787. Also, a contract will be emailed to you for the client to sign for our services provided, if they should default after we have the short sale approved.

Annie Lehet, Executive Director

Annie Lehet, Executive Director
CARE, Inc

Date

Borrower's Full Name _____
Co-Borrower's Name _____
Last 4 digits of Social Security Number of Primary Borrower _____

Property Address _____
City _____ State ____ Zip _____

Email Address _____
Cell Phone Number _____

Property Value (Last 30 Days) \$ _____
Is the loan in default? _____
Is the home scheduled for Sheriff Sale? _____
If so, what is the date? _____
Did borrower file bankruptcy? _____
If so, when? _____

1st Lien Holder _____
Mortgage Amount \$ _____

2nd Lien Holder _____
Mortgage Amount \$ _____

3rd Lien Holder _____
Mortgage Amount \$ _____

Outstanding Property Taxes \$ _____
Outstanding Water/Sewer Bills \$ _____
Outstanding Municipal Liens \$ _____