

NAF MODIFICATION COMPANY

NO ADVANCE FEES MODIFICATION COMPANY

TAX ID 27-1007615

AUTHORIZATION TO REPRESENT FORM

Date: _____

To: _____

Borrower: _____

Co-Borrower: _____

Property Address:

Borrowers Social Security: _____

Co-Borrowers Social Security: _____

Loan Number: _____

I: _____ authorize NAF Modification Company and its agents within the right to communicate with my Lender/Service concerning any hardship and/or modification pertaining to above referenced loan and property address. I am requesting my Lender/Service to allow NAF Modification Company and its Agents to handle all Negotiations and Communications with my Lender/Service in the modification. Furthermore all future communications for above referenced loan and property are to be addressed and sent to NAF Modification Company during negotiations period.

This authorization is effective from the date written below and remains valid for the following 180 days.

Borrower Signature:

_____ Date: ____/____/20 ____

Co-Borrower Signature:

_____ Date: ____/____/20 ____