



## FORM INSTRUCTIONS

Return the following form and all required documentation by one of the following means:

<b>Mail:</b> Attn: Customer Service Department Rushmore Loan Management Services LLC P.O. Box 55004 Irvine, CA 92619-2708	<b>Secure Fax:</b> 949-341-2242
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### Questions?

For fastest service, visit us at <https://www.rushmorelm.com> to find answers to your most common questions. You can also call us at 888.504.6700 Monday – Thursday from 6:00AM – 7:00PM PT and Friday from 6:00AM – 6:00PM PT.

**THIRD PARTY AUTHORIZATION REQUEST FORM**

Please complete:

Date: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The undersigned individuals have a loan serviced by Rushmore Loan Management Services LLC ("RUSHMORE") and hereby authorize RUSHMORE, its associates, agents and/or assigns the right to discuss the above referenced mortgage loan with the following named individuals (hereinafter, "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 advisor, 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 authorize 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/our Designated Agent and to deliver documents to my/our Designated Agent which concerns 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 Name	_____ Date	_____ Borrower Name	_____ Date
_____ Borrower Signature	_____ Date	_____ Borrower Signature	_____ Date