DELINQUENCY STATUS AND COUNSELING COMPLIANCE AUTHORIZATION

Beneficiary: _____   Home Phone#: _____
_____   Work Phone#: _____

Borrower #1: _____   SS#: _____
Home Phone#: _____   Work #: _____
Borrower #2: _____   SS#: _____
Home Phone#: _____   Work #: _____
Property Address: _____   Mailing _____
_____   Address: _____
_____   _____

☐ Pmts made directly to Beneficiary   ☐ Outside Servicing Agent   Name: _____
Phone #: _____

Original Loan Amount: $_____   Note Date: _____   Residential? ☐ Yes   ☐ No
Current Balance: $_____   Payment Due Date: _____   Amount Owed: $_____ As of : _____
Monthly Payment: $_____   Interest Rate: _____%   Escrow Balance: _____

LOSS MITIGATION INSTRUCTIONS

Indicate Loss Mitigation options potentially available to Borrower

☐ Short Sale   ☐ Refinance   ☐ Deed in Lieu   ☐ Loan Modification   ☐ Forbearance Plan

Instructions: _____
_____
_____
_____

☐ I do not want to offer any of the above loss mitigation options to the borrower(s)
☐ If Borrower(s) request a followup meeting within the first 14 days after initial contact, I want to be present
☐ I want to personally review any and all loss mitigation proposals offered by borrowers
☐ I want CRR to review all loss mitigation proposals offered and act in a prudent manner to collect the debt.

Agreement

I hereby authorize and employ County Records Research (CRR) to be my (our) authorized agent for the purpose of satisfying Civil Code § 2923.5 regarding the statutory requirments of contact with the above delinquent borrowers. I certify that the information provided regarding the borrower(s) is true and correct and is the most recent and accurate information in my(our) possession. Under the applicable Civil Code § 2923.5, CRR will first attempt to make contact as defined in § 2923.5(a) 1, complying with all requirements outlined in § 2923.5(a) 2. If unable to fulfill the requirements outlined in this section, contact will be pursued with "due diligence" and compliance secured under § 2923.5(g). Beneficiary further agrees to be bound by the entirety of this agreement, including instructions provided CRR regarding acceptable loss mitigation steps, and thereby agrees to hold CRR harmless for executing said instructions.

Beneficiary agrees to pay CRR up front via credit card the amount of $395.00 as payment for these services.

Credit Card #:_____   Exp. Date: _____

Name on Card: _____   Address on card: _____

Agreed to this _____ **day of** _____ **20_____**

_____ **Beneficiary**   _____ **Beneficiary**

_____ **Beneficiary**   _____ **Beneficiary**

CRR(0908)