

FCMC Account Number: \_\_\_\_\_

# AGENT INFORMATION FORM

## TITLE COMPANY / CLOSING AGENT INFORMATION

Company Name: \_\_\_\_\_

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

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

Telephone Numbers: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SELLER'S AGENT INFORMATION

Company Name: \_\_\_\_\_

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

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

Telephone Numbers: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## BUYER'S AGENT INFORMATION

Company Name: \_\_\_\_\_

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

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

Telephone Numbers: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_



**THIRD PARTY AUTHORIZATION FORM**

If you wish to have Franklin Credit Management Corporation ("FCMC") disclose and provide information about your FCMC account to any third party not named on your relevant loan documents, please complete this form. Please be advised that this allows FCMC to discuss information that might otherwise be confidential about your account with the below third party. The fields listed below are required to be completely filled out.

**FCMC BORROWER INFORMATION:**

**Full Name:** \_\_\_\_\_

**FCMC Loan Number:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Subject Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**THIRD PARTY INFORMATION:**

**Full Name / Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By signing below, I hereby authorize FCMC to provide information to the individual and/or company named above. I understand that this authorization is valid until revoked.

**Borrower's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return a signed, completed form to FCMC at: 101 Hudson Street, 25<sup>th</sup> Floor, Jersey City, NJ 07302.

Request for Assistance and Financial Statement

FCMC Account Number \_\_\_\_\_

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

Borrower Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Co-Borrower Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

MONTHLY INCOME

MONTHLY EXPENSES

Borrower Salary \_\_\_\_\_  
 Co-Borrower Salary \_\_\_\_\_  
 Borrower S.S.I. \_\_\_\_\_  
 Co-Borrower S.S.I. \_\_\_\_\_  
 Borrower Pension \_\_\_\_\_  
 Rental Property \_\_\_\_\_  
 Borrower Disability \_\_\_\_\_  
 Co-Borrower Disability \_\_\_\_\_  
 Unemployment (B1) \_\_\_\_\_  
 Unemployment (B2) \_\_\_\_\_  
 Alimony/Child Support \_\_\_\_\_  
 401K/ESOP Accounts \_\_\_\_\_  
 IRA/Keogh Accounts \_\_\_\_\_  
 Stocks, Bonds, CD's \_\_\_\_\_  
 Other Assets \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_  
 TOTAL ASSETS \_\_\_\_\_

FCMC Mortgage Payment \_\_\_\_\_  
 Other Mortgage(s) Payment \_\_\_\_\_  
 Property Taxes \_\_\_\_\_  
 HOA Fees/Homeowners Insurance \_\_\_\_\_  
 Gas/Oil/Heating \_\_\_\_\_  
 Electric \_\_\_\_\_  
 Water \_\_\_\_\_  
 Waste Management \_\_\_\_\_  
 Cable/Satellite/Internet \_\_\_\_\_  
 Groceries \_\_\_\_\_  
 Telephone (Land-Line) \_\_\_\_\_  
 Alimony/Child Support \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Medical/Dental Expenses \_\_\_\_\_  
 Car Payment(s) \_\_\_\_\_  
 Automobile Insurance \_\_\_\_\_  
 Transportation (fuel, tolls, etc.) \_\_\_\_\_  
 Cell Phone(s) \_\_\_\_\_  
 Credit Card(s) \_\_\_\_\_  
 Personal Loan(s) \_\_\_\_\_  
 Personal Insurance \_\_\_\_\_  
 TOTAL EXPENSES \_\_\_\_\_

Reason for Delinquency \_\_\_\_\_

\_\_\_\_\_

I (we) agree that the financial information provided is accurate and complete. I (we) acknowledge that any action by Franklin Credit Management Corporation on our behalf will be made with reliance on the information provided. My (our) signature(s) below grants Franklin Credit Management Corporation permission to confirm the information disclosed in this financial statement. Verification or reverification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application will be retained by the Lender, even if the loan is not approved.

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_