

OPERATION RESTORATION
LETTER OF AUTHORIZATION

Borrower(s), please fill in name(s) of person(s) you are authorizing to speak on your behalf, and fill in Realtor contact information.

To Whom It May Concern:

I authorize _____ and _____ and _____
(Name of Realtor) (Realtor's Assistant) (Name of Counselor)

to speak on my (our) behalf regarding my (our) account: # _____,
(Loan Number)

_____ and property located at:
(Mortgage Servicer)

Property Address:

_____ (Street)

_____ (City, State, Zip)

If you have any questions, please contact me (us) at _____
(Borrower Contact Numbers)

and email _____.
(Borrower Email Address, if available)

Please direct all verbal and written correspondence to _____
(Name of Realtor)

and _____ at phone _____, fax _____, and email
(Realtor's Assistant) (Realtor Phone Number) (Realtor Fax Number)

address _____. This authorization is valid until _____, 2010.
(Realtor's Email Address) (Borrowers, give 6 months)

Operation Restoration's corporate address is 863 Ormewood Avenue SE, Atlanta, GA 30316. Phone: 404-963-1082. Email address: hope@OperationRest.org. (TIN 3834)

Sincerely,

Social Security #

Borrower Name (Printed) Borrower Signature Date SS #

Co-Borrower Name (Printed) Co-Borrower Signature Date SS #

Co-Borrower Name (Printed) Co-Borrower Signature Date SS #