Short Sale Third-Party Authorization Form



Borrower(s) Acknowledgment

Loan Number:		Property Address:		
Borrower:				
Co-Borrower:				
The undersigned Borrower and Co-Borrower (if authorize(s) Bank of America, N.A., its affiliates, party(ies) described on the next page (the "Design above-listed Property Address (the "Property"), wan amount less than the outstanding principal banks.	agents and nated Repre hich is secu	employees (collectively, esentative(s)") on My be red by a loan owned or s	"BANA") to discuss with th half the sale of the propert serviced by BANA ("Mortga	ne third ty at the
Designated Representative:				
My Designated Representative and BANA are here requested or otherwise required to be exchanged i would include, e.g., legal disclosures, legal notices income, credit scores, status of any current or practivity and any other confidential (including none the Property.	n connections, names, acrevious work	n with the consummation Idresses, telephone nun Kout review, account, bal	on of the Short Sale. This inf onbers, Social Security numb ances, program eligibility, p	formation bers, payment
I further agree and acknowledge as follows: • I have selected the Designated Representat • I acknowledge that BANA is not responsible anything the Designated Representative may the Designated Representative to compete	for any act on a decirity do with in the second contract of the seco	nformation it is provided n its services. e a delegate to provide a cal and administrative fu	d hereunder, or for any failundministrative support ("Desunctions that are non-licen	ire of signated isable
This Third-Party Authorization will be effective un me (us) in writing.	til the comp	pletion of the Short Sale	(s) unless terminated by	
I UNDERSTAND AND AGREE WITH THE TE	RMS OF T	HIS THIRD-PARTY A	JTHORIZATION.	
Borrower's Signature	Date	Co-Borrower's Signature		Date
See reverse side for Designated Representative Ad	:knowledge	ment.		

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Designated Representative Acknowledgment

Each undersigned Designated Representative represents and agrees that, he/she (i) is a licensed real estate agent, real estate broker or attorney ("Licensee") in good standing in the state in which the Property is located, and that Licensee has all licenses, permits or authorizations required by state or federal law to perform the duties undertaken by it in connection with the Short Sale, (ii) shall not knowingly misrepresent or omit to state, any material fact in order to induce the Borrower(s), BANA, the lender, the investor or the insurer to agree to the terms of a Short Sale that the Borrower(s), BANA, the lender, the investor or the insurer would not have agreed to had all material facts been known, and (iii) is in compliance with all applicable state and federal laws, rules and regulations governing the services provided, including without limitation those related to providing required disclosures to the Borrower(s), and shall be responsible and liable for all of the acts and omissions of its Designated Support Staff authorized to work on his/her behalf.

Each Designated Representative and his or her Designated Support Staff involved in a Short Sale regarding:

Address	City		State	
Must complete, sign and date below.				
Designated Representative:		Company Name:		
State Licensing Entity:	State Licen	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
Designated Representative:		Company Name:		
State Licensing Entity:	State Licen	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
Designated Representative:		Company Name:		
State Licensing Entity:	State Licen	sing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
Designated Representative:		Company Name:		
State Licensing Entity:	State Licen	State Licensing/Registration Number:		
Type of License:	Phone:	Email:		
Designated Representative Signature			Date	
The following Support Staff do(es) not habove identified licensee(s) with adminis	•	Broker's License nor an	Attorney's L	icense but is assisting the
Designated Support Staff:		Company Name:		
Assistant For:	Designated Represent	ative Signature		Date
Designated Support Staff:		Company Name:		
Assistant For:	Designated Designated			