

# Escalations Authorization Form

For the Borrower(s)' Servicer(s)/Lender(s)

## AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

Date				, 20
To	"SERVICER" MORTGAGE 1			
Loan #	"LOAN 1"			
To	"SERVICER" MORTGAGE 2 (if applicable)			
Loan #	"LOAN 2"			
RE	BORROWER(S) NAME(S)			
	PROPERTY ADDRESS			
	PROPERTY CITY	STATE	NY	ZIP
	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER			

I/We, ,  
currently residing at ,  
County of , State of ,

hereby authorize "Servicer" to release, furnish, and provide information related to "Loan 1" and/or "Loan 2" to "Counselor/Attorney":

"COUNSELOR/ATTORNEY" NAME
ORGANIZATION
ADDRESS
TELEPHONE NUMBER
EMAIL

Please complete if applicable: If the Third Party listed above is a counseling organization, corporation, law firm, or entity other than a natural person, you may provide the name(s) of the specific individual(s) working for another Third Party to whom the aforementioned lender and/or servicer is authorized to release such information. If no individuals are specified below and your authorization is not otherwise restricted, your authorization will be applied to your entire file and the entire entity.

I/We authorize "Servicer" to provide my information to the individual(s) at the Third Party listed below:

**Candybelle Acevedo, Hilman Guillory Jr., or Herman De Jesus**  
Center for NYC Neighborhoods | 17 Battery Place, Suite 728 | New York, NY 10004  
escalations@cnycn.org | 646-786-0891

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### RESTRICTIONS ON THE RELEASE OF ACCOUNT INFORMATION

Please check and complete as appropriate:

**NO RESTRICTIONS**

**RESTRICTIONS**

Please list any restrictions:

If applicable, please specify below a period of time or operational transaction (i.e. modification) for which the authorization is valid. If no expiration date or operational transaction is provided, this authorization will remain valid until revoked in writing.

**You may revoke this authorization at any time by providing written notice to “Servicer.”**

The aforementioned lender and/or servicer will take reasonable steps to authenticate the identity of the Third Party authorized above; however, it will not have any liability if it declines to release your account information because it is unable to authenticate the true identity of the authorized requestor seeking account information.

I/We hereby indemnify and forever hold “Servicer” harmless from any and all actions and causes of actions, suits, claims, attorney’s fees, or demands against “Servicer,” which I/We and/or my/our heirs may have resulting from “Servicer” discussing, or declining to discuss, my account with and/or providing, or declining to provide, any documents or other information concerning the account to the above-named requestor or person identifying himself/herself to be that requestor.

Signed by:

<b>SIGNATURE</b>	<b>DATE</b>
<b>PRINTED NAME</b>	

Signed by:

<b>SIGNATURE</b>	<b>DATE</b>
<b>PRINTED NAME</b>	

## Authorization to File a Complaint

By signing this form you are authorizing us to file complaints or complaint forms on your behalf with governmental agencies or offices if we in good faith determine that a rule or policy violation may have occurred, including the following entities: Consumer Financial Protection Bureau (CFPB), New York State Office of the Attorney General (OAG) and Department of Financial Services (DFS).

If the Center does file a complaint on your behalf, the Center will send you a letter to notify you that a complaint has been filed.

### APPLICANT INFORMATION

FIRST NAME	LAST NAME	
PROPERTY ADDRESS	APT #	
CITY	STATE <b>NY</b>	ZIP

### MORTGAGE INFORMATION

MORTGAGE SERVICER
LOAN NUMBER

APPLICANT SIGNATURE	DATE
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Please contact the Center at [escalations@cnycn.org](mailto:escalations@cnycn.org) or 646-786-0891 if you receive any notifications from a government agency about your complaint or if you have any questions.