Freedom Mortgage Assumption Request Form

Loan Number	
Current Customer(s)	
Name:	
Signature:	
Date:	
Name:	
Signature:	
Date:	
Property Address:	
Assuming Borrower(s)	
Assuming Borrower (1) Name:	
Relationship to current customer (state 'None', if unrelated)	
Assuming Borrower (2) Name:	
Relationship to current customer (state 'None', if unrelated)	
Contact Phone Number:	
Assuming Borrower Email Address:	
Assuming Borrower(s) Mailing Address: Include apartment or unit numbers (No P.O. Box) A Mortgage Assumption package will be mailed to the Assuming Borrowers.	
Reason for Assumption request:	

Send Completed Form to:

Mail:
Freedom Mortgage Corporation
P.O. Box 50485
Indianapolis, IN 46250-0485

Fax: 866-505-0948

Freedom Mortgage Third-Party Authorization Form

Your loan information is confidential. In order to release loan information to a third-party, Freedom Mortgage requires you to provide the below information with your signed authorization.

Authorized Third-Party Name_____ Date_____

_____

Authorized Third-Party Primary Contact Phone Number: _____

Authorized Third-Party Mailing Address: _____

Your Relationship to Third-Party: ___ Attorney ___ Counselor ___ Friend ___ Spouse

___ Realtor/Closer Other _____

You may choose to add authorization for a third-party permanently or temporarily. Please indicate below:

A permanent authorization will remain on record for the life of the loan or until revoked by you in writing.

Permanent Authorization _____ ***or*** Effective Date _____ Expiration Date_____

Borrower: Co-Borrower:

Signatures: Borrower_____ Co-Borrower_____

Loan Number:

Once you have completed the information above, please mail the signed Third-Party Authorization Form along with the completed Assumption Request Form to:

Freedom Mortgage Corporation
P.O. Box 50485
Indianapolis, IN 46250-0485.

You may also scan these completed forms and fax them back to us at 866-505-0948.