



**EARLY DEFAULT NOTIFICATION**  
**Borrower Authorization for Counseling**

HFA Commitment #:

Mortgagor(s):

Property Address:

If I fail to make any monthly mortgage payment as agreed, I understand that the servicer of my mortgage loan may refer me to a third-party counseling organization or a mortgage insurer, which will advise me about finding ways to meet my mortgage obligation. I hereby authorize the servicer to release certain information related to the servicer's own experience with me to such third-party counseling organization or mortgage insurer, and request that the counseling party contact me.

I further hereby authorize the third-party counseling organization or mortgage insurer to make a recommendation about appropriate action to take with regard to my mortgage loan, which may assist the servicer in determining whether to restructure my loan or to offer other extraordinary services that could preserve my long-term homeownership.

\_\_\_\_\_  
Mortgagor

\_\_\_\_\_  
Co-Mortgagor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date