LANDMARK LOANS Connecticut Licensed Mortgage Brokers NMLS 1869508

Office (855) 829-8727 Fax (888) 316-6720 Scofield Group, LLC 945 Long Ridge Rd Stamford, CT 06902

AUTHORIZATION FORM

I hereby authorize Landmark Loans (LL) and affiliates to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize the LL to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as the authorization and will remain in effect until terminated by written notice. The information LL obtains is only to be used in the processing of my application for a mortgage loan and/or monitoring my credit.

Signature Spouse's Signature Visa/Mastercard #			Date		
			Date		-
			Expiration	Expiration	
Part 1 PERSON	AL INFORMATIO	N			3-digit number
Legal Name			Cell	Work	
Social Security #		DOB	Email		
Spouse's Name			Cell	Worl	ζ
Social Security #		DOB	Email		
Home Address					Rent Own
Part 2 FINANCIA	AL INFORMATIO	N			
Loan Amount Reque	ested \$	Rate	% Fixed	Variable Ter	m: 5 10 15 20 25 30
Current Mortgage B	alance \$	Rate	% Payment \$		Yrs. Remaining
Annual Income: H	usband \$	Wife \$	Alimony +	+ CS-\$	Other
Assets: Checking \$		Savings \$		_ Ret/Brokerage	\$
Monthly Debt Payments: Auto \$		Credit C	Credit Cards \$ Alim		CS \$
Part 3 PURCHAS	E INFORMATIO	N			
New Home Address				House	_CondoCo-Op
Purchase Price \$		Down-Payment \$	\$	(must have	e 60 days)
Taxes \$	Insurance \$	нс)A \$	013000033007000	
Gift Information:	Amount \$	Donor		Relation_	<u></u>
Realtor	: [Phone	lawyor		Phone