

FCMC MORTGAGE CORP.

1373 BROAD STREET, SUITE 312

CLIFTON, NEW JERSEY

(973) 574-0900 TEL

(973) 574-0999 FAX

BORROWER'S AUTHORIZATION FORM

The undersigned authorize FCMC Mortgage Corp. ("Broker"), its processing agent or any lender to whom Broker intends to submit my/our mortgage loan application (all of the foregoing, the "Lender") to verify my/our past and present employment earnings records, bank accounts, and any other asset balances that are needed to process my/our mortgage loan application. I/we further authorize Lender to order consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information the Lender obtains is only to be used in the processing of my/our application for a mortgage loan.

Borrower

Social Security Number

Co-Borrower

Social Security Number

Date

Address: _____
