

Washington Township
1310 Horton St. Marion
Indiana 46952
Phone 765-573-5822
Tresa.Baker@washingtontownship.in

**** MORTGAGE ASSISTANCE AGREEMENT ****

Mortgage Company _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Client Name _____

Address _____ City, State, Zip _____

Loan Account Number _____

Clients Constant to Disclose Information: I hereby authorize the release of information to Center Township Trustee's Office.

Client's Signature of Consent _____

Social Security Number _____

PURPOSE/EXTENT OF INFORMATION TO BE DISCLOSED: to determine the eligibility status of this client for Township Assistance

Note to Mortgage Company – The above named has requested to apply for Mortgage Assistance in Washington Township Trustee's Office. Before this request can be considered, you, as the Mortgagee for the above property must be willing to accept Trustee payment on this person's mortgage obligation and for 30 days from the date of Township Assistance agree to refrain from foreclosure or otherwise ousting or excluding the person from the above property. The following portion of this form **MUST** be completed by the Mortgage Company and then **submitted DIRECTLY TO THE OFFICE not through the client.** ****If assistance is granted to this client, a copy of the purchase order will be faxed or emailed to you by the office. Once the signed purchase order is returned to our office, a check will be mailed out directly to you within five (5) business days.**

****If the above agreement is acceptable to you, please sign fill out the bottom portion of this form and apply your signature ****

Amount of monthly mortgage payments \$ _____

Date and amount of last payment: _____

Will you accept the Trustee's Office payment on behalf of the above client and agree to refrain from foreclosure proceedings for 30 days from the date of Township Assistance? YES NO

Contact Person's Name and Title: _____

Contact Person's Phone Number: _____ Fax Number: _____

Name payment is to be made out to: _____

Address payment is to be mailed to: _____

Printed Name, Signature, and Title of the person completing this form

Date _____