

Authorization for the Social Security Administration to Release Social Security Number Verification

Printed Name: _____

Social Security Number: _____ **Date of Birth:** _____

I authorize the Social Security Administration to verify my Social Security Number to 1st Advantage Mortgage, L.L.C. through their agent, Sysdome an Affinity Corporation.

I understand that my consent allows no additional information from my Social Security records and that the verification of my Social Security number will be used for the purpose of securing a mortgage. I also understand that my Social Security number may not be used for any other purpose. The only other re-disclosure permitted by this authorization is for review purposes that Sysdome and Affinity Corporation complies with SSA's consent requirements.

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.00.

Signature: _____ **Date:** _____

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above.

Contact Information of individual signing authorization:

Address: _____ **Phone No.** _____

If consent is signed other than by the individual named above, indicate relationship: