Date: [Insert Date]

To: [Name of Lending Institution/Servicer]
Address: [Insert Address]
Loan Number: [Insert Loan Number]
Property Address: [Insert Property Address]

RE: Foreclosure Mediation Program Representation Authorization

To Whom It May Concern,

I/We, [Your Name(s)], am/are the borrower(s) for the above-referenced loan. I/We hereby authorize the following individual/organization to act as my/our authorized representative(s) regarding the Foreclosure Mediation Program and all matters related to my/our mortgage loan:

Representative Name: [Name of Representative or Attorney]
Organization: [Name of Law Firm or Housing Counseling Agency]
Address: [Representative Address]
Phone Number: [Representative Phone Number]
Email Address: [Representative Email Address]

This authorization grants my representative the authority to:

- Communicate directly with the lender, servicer, and their legal counsel.
- Request, receive, and review all documents related to my loan account, including payoff statements and reinstatement figures.
- Negotiate terms for loss mitigation options, including loan modifications, short sales, or deeds-in-lieu of foreclosure.
- Appear on my/our behalf at mediation sessions and hearings.

This authorization shall remain in effect until the conclusion of the mediation process or until I/we revoke it in writing. Please direct all future correspondence regarding this mediation to my representative at the address listed above.

Sincerely,

_____
[Borrower Signature]
[Printed Name]

_____
[Co-Borrower Signature, if applicable]
[Printed Name]