



**CALIBER**  
**HOME LOANS**

RETURN SERVICE ONLY  
Please do not send mail to this address  
P.O. Box 24610  
Oklahoma City, OK 73124 -0610

Re: Loan Number:  
Property Address:

Dear **[Borrower Name]**

You were recently approved to participate in Caliber Home Loans, Inc. ("Caliber") deed in lieu of foreclosure program. We have reviewed a title report of the above referenced property, and determined there are subordinate liens. The subordinate lienholders identified in the title report are as follows;

- Lienholder Name:
- Lienholder Name:
- Lienholder Name:
- Lienholder Name:
- Lienholder Name:
- Lienholder Name:

You must provide written authorization for Caliber to speak with the subordinate lienholders referenced above so we may negotiate a resolution to the liens. In order to complete the deed in lieu of foreclosure, the above referenced property must have clear and marketable title.

For your convenience, an authorization form is attached. Please sign and complete one authorization form for each lienholder, and return to Caliber by mail, fax, or email at one of the addresses provided below **within 14 days of the date of this letter:**

Caliber Home Loans, Inc.  
Attn: Caliber Cares  
16745 W. Bernardo Drive, Suite 300  
San Diego, California 92127  
Tel: 866-650-0968  
Fax: 858-649-5697  
calibercares@caliberhomeloans.com

Failure to provide written authorization for Caliber to speak with subordinate lienholders within the required timeframe may result in the deed in lieu of foreclosure program participation offer being revoked. If the offer is revoked, we may refer your mortgage to foreclosure, or if your loan has been referred to foreclosure, foreclosure proceedings may resume, and a foreclosure sale may occur.

If you have any questions regarding this information or any other concerns regarding your loan, please contact your SPOC Specialist. Our Single Point of Contact (SPOC) Department can be contacted:

**Return:**  
**By Fax:**  
858-649-5697

**By Mail:**  
Attn: Property Solutions Dept.  
Caliber Home Loans, Inc.  
13801 Wireless Way  
Oklahoma City, OK 73134

**By Email:**  
calibercares@caliberhomeloans.com

Sincerely,

ASPOC Department  
Caliber Home Loans, Inc

**Notices of Error, Credit Disputes, Requests for Information, or Qualified Written Requests must be sent to: P.O. Box 270415, Oklahoma City, OK 73137. Please include your specific concern or question and account number.**

**THIS IS AN ATTEMPT BY A DEBT COLLECTOR TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

**Notice to Consumers presently in Bankruptcy or who have a Bankruptcy Discharge: If you are a debtor presently subject to a proceeding in Bankruptcy Court, or if you have previously been discharged from this debt by a Federal Bankruptcy Court, this communication is not an attempt to collect a debt but is sent for informational purposes only or to satisfy certain Federal or State legal obligations.**

**Pursuant to section 169 of the Housing and Community Development Act of 1987, you may have the opportunity to receive counseling from various local agencies regarding the retention of your home. You may obtain a list of the HUD-approved housing counseling agencies by calling the HUD nationwide toll-free telephone number at (800) 569-4287 or by visiting [www.hud.gov/findacounselor](http://www.hud.gov/findacounselor).**

### THIRD PARTY AUTHORIZATION

Submit a separate authorization for each lienholder or Homeowners Association (HOA).

Return:	By Fax:	By Mail:	By Email:
	858-649-5697	Attn: Caliber Cares/Deed in Lieu Department Caliber Home Loans, Inc. 13801 Wireless Way Oklahoma City, OK 73134	Calibercares@caliberhomeloans.com

Subject Property: \_\_\_\_\_

Borrower: \_\_\_\_\_

Caliber Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

By this Third Party Authorization, I, \_\_\_\_\_, the above mentioned borrower, authorize \_\_\_\_\_, Lienholder, to share information about my account, identified below, with Caliber Home Loans, Inc., First American Mortgage Solutions, Hudson Homes Management, LLC, The Caneel Group, and RESICAP,LP for the purpose of resolving the account. Please cooperate with relevant inquiries from these companies on my behalf.

Lienholder: \_\_\_\_\_

Lienholder Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

\_\_\_\_\_  
Primary Borrower Name Primary Borrower Signature Date

\_\_\_\_\_  
Secondary Borrower Name Secondary Borrower Signature Date