



130 NORTH MILLER ROAD | FAIRLAWN, OHIO 44333  
(330) 835-0100 | FAX: (330) 835-0300 | EMAIL: nicole@allegiance-title.com

**Seller Information/Authorization Form**

**Contact Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status:  Married  Single Marital Status:  Married  Single

If married, name of spouse: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is this your primary residence?  Yes  No

If yes, how many years have you lived there? \_\_\_\_\_

Is this a condo?  Yes  No

If yes, please list the Management Company name and phone number: \_\_\_\_\_

Is there a homeowner's association?  Yes  No

If yes, please list the Association name and phone number: \_\_\_\_\_

Is there a water and/or sewer account associated with the property?  Yes  No

If yes, who services the water and sewer accounts?: \_\_\_\_\_

**Current Mortgage Information:**

1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Equity Line Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I/We hereby authorize Allegiance Title Agency LLC to verify and obtain any information necessary pertaining to past and present mortgages, lines of credit, and any other accounts of which information may be required. The information obtained by Allegiance Title Agency LLC is only to be used in the processing my real estate transaction. Please also use this as an authorization to close these accounts.

I/We authorize Allegiance Title Agency to release a copy of the ALTA Settlement Statement to my Real Estate Agent and their office

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date