

Non-Owner Occupant Certification				
You are the occupant of a property that is being sold or transferred in conjunction with a Non-Retention Assistance Program. Because you will be required to vacate the property as a condition of the sale or transfer, you may be eligible to receive up to \$10,000 in relocation assistance. If you wish to be considered for this assistance, you must complete and sign this form and return it to the owner of the property (Owner).				
OCCUPANT INFORMATION				
OCC	UPANT'S NAME	CC	D-OCCUPANT'S NAME	
PRO	PERTY ADDRESS (include city, state and zip)			
	ertify that I currently occupy the property describe Juired to vacate the Property as a condition of the		principal residence and, to	the best of my knowledge, I am
ACKNOWLEDGEMENT AND AGREEMENT				
1.	I authorize and give permission to the Servicer, and their respective agents, to assemble and use a current consumer report to investigate my eligibility for relocation assistance, the accuracy of my statements and any documentation that I may provide in connection with requesting relocation assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point to assess my eligibility.			
2.	I understand that if I have engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for relocation assistance, the Servicer, or their respective agents may seek remedies available at law and in equity, such as recouping any assistance I previously received.			
3.	I understand that the Servicer will collect and record personal information that I submit, including, but not limited to, my name, address, social security number and date of birth. I understand and consent to the Servicer's disclosure of my personal information and the terms of any assistance I may receive to the servicer that owns, insures, guarantees, or services the mortgage loan(s) secured by the Property.			
4.	I understand that the Owner may, but is not required to, request relocation assistance on my behalf, and I authorize the Owner to submit this Certification to the Servicer in connection with any such request, along with any other documentation that the Servicer may require.			
The	e undersigned certifies under penalty of perjury th	hat all statements in this do	cument are true and correct	ī.
	Occupant Signature	Social Security Number	Date of Birth	 Date
	Co-Occupant Signature	Social Security Number	Date of Birth	 Date