Form SSA-89

Form Approved
OMB #0960-0760

Social Security Administration
Authorization for the Social Security Administration (SSA)
To Release
Social Security Number (SSN) Verification

Printed Name:

Date of Birth: SSN:

I am conducting the following business transaction:

Seeking and applying for a mortgage loan with the following company ("the Company"):

Company Name: **AmeriPro Funding dba Land Mortgage** Address: **8300 N. Mopac #225, Austin, TX 78759**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is: Rapid Reporting Verification Company, 6628 Bryant Irvin Rd. Fort Worth, Texas 76132

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 acknowledge 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.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 days from the date signed. _____**(Please initial.)**

Signature: _____Date Signed: _____

Contact information of individual signing authorization:

Address: ,

City / State / Zip: , TX,

Phone Number:

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Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form.

You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send* to *this* ***address only comments relating*** **to** ***our time estimate, not the completed form.***

.....TEAROFF……..

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit http://www.ssa.gov/bso/cbsvPDF/agreement.pdf.