



MANAGEMENT AGENT CERTIFICATION

We hereby certify that we have examined the financial information of _____ (Mortgagor/Grantee Entity), and to the best of our knowledge and belief, the same is complete and accurate.

BY:

Name

Title

Date

**Management Agent Employer/Taxpayer
(EIN/TIN) Identification Number:**

Management Agent Mailing Address:

Management Agent Telephone:

Management Agent Fax:

Management Agent E-Mail Address:
