



# REO APPLICATION FORM

Surety Foreclosure Division  
Surety Representative:

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Today's Date: \_\_\_\_\_ Desired Closing Date: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Municipality: \_\_\_\_\_ County: \_\_\_\_\_  
Sales Price: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Current Owner/Seller of Record: \_\_\_\_\_

## BUYER INFORMATION

### BUYER 1:

Name: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Email: \_\_\_\_\_

### BUYER 2:

Name: \_\_\_\_\_  
SS#: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### SELLING BROKER:

Company: \_\_\_\_\_  
Real Estate Agent: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### BUYER ATTORNEY:

Company: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### MORTGAGEE/LENDER:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Loan Officer Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Processor Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### MORTGAGE BROKER (if applicable):

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Loan Officer Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Processor Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SELLER CONTACT INFORMATION

**SELLER:** Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
*Foreclosed Owner if Applicable:* \_\_\_\_\_

### LISTING BROKER:

Company: \_\_\_\_\_  
Real Estate Agent: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SELLER ATTORNEY:

Company: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## ORDER AUTHORIZED BY

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Client Case/Reference#: \_\_\_\_\_

### I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING (Please Check):

- Title Insurance (Post Sale Policy)  Purchase (Attach Contract)  
 REO Purchase (Attach Contract)  Financing/HELOC: Amount: \$ \_\_\_\_\_ Loan #: \_\_\_\_\_

### SPECIAL INSTRUCTIONS/ COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_