

# Statement of Information Form



Thank you for contacting us about the **Deed in Lieu/Mortgage Release Program**. This document is Trustmark's Statement of Information Form, which enables our team to confirm your eligibility for this program. If you have any questions, contact the Trustmark Loss Mitigation Department at 1.888.309.9887.

Please return the completed form, in its entirety, and a copy of your (and the co-applicant, if applicable) Driver's License via email to [mortinfo@trustmark.com](mailto:mortinfo@trustmark.com) or via mail to:

Trustmark  
Attn: Loss Mitigation  
P.O. Box 23072  
Jackson, MS 39225-3072

The information collected through this form will be treated as confidential, meaning that only Trustmark and the title company will have access to this information.

- The title company will use this information to insure a transaction conveying real property in which you are interested.
- In processing this transaction, there may be judgments, bankruptcies, divorces and liens against persons whose names are the same or similar to yours or the co-applicant. Such matters must be considered unless eliminated by information showing that you or the co-applicant are not the person involved.

This form must be personally signed by the applicant and, if applicable, the co-applicant.

## Please complete the following information:

**Property Address of Transaction:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *Zip Code*

**Is the Property Vacant Land:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is the Property Occupied:** Owner-Occupied \_\_\_\_\_ Tenant-Occupied \_\_\_\_\_

**Proposed Date of Vacancy:** \_\_\_\_\_  
*Date*

**Are you aware of any damage to the property that would require repairs?** Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please note them in the field below.*

# Statement of Information Form



## 1. APPLICANT INFORMATION *(Print):*

<i>First Name</i>	<i>Middle Name (If none, write None)</i>	<i>Last Name</i>
Date of Birth: _____	Primary Phone Number: _____	
Place of Birth: _____	Secondary Phone Number: _____	
Social Security Number: _____	Driver's License Number: _____	
State Currently Residing In: _____	Resident of State Since (year): _____	
Have you ever been issued or used any other Social Security Number?    Yes _____ No _____		
If yes, what Social Security Number did you use? _____		
Have you ever used another name?    Yes _____ No _____		
If yes, provide all names used: _____		
_____		
_____		

### Select your status for the items below:

1.    Male \_\_\_\_\_    Female \_\_\_\_\_

2.    Single \_\_\_\_\_    Married\* \_\_\_\_\_    Registered Domestic Partner\* \_\_\_\_\_

                 Divorced \_\_\_\_\_    Widow(er) \_\_\_\_\_

\*Married/Registered on: \_\_\_\_\_ at \_\_\_\_\_  
*Date*
*City*
*County*
*State*

\*If Married/Registered, spouse's name: \_\_\_\_\_

\*If Married/Registered, spouse's name  
prior to marriage: \_\_\_\_\_

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## APPLICANT INFORMATION CONTINUED

### Occupations Over the Last 10 Years: *(Attach any additional occupations to the back of this document)*

Occupation: _____	Address: _____
Business Name: _____	No. of Years: _____
Occupation: _____	Address: _____
Business Name: _____	No. of Years: _____

### Residences Over the Last 10 Years: *(Attach any additional residences to the back of this document)*

_____	_____	_____		
<i>Street Address (including Number)</i>	<i>City</i>	<i>State</i>		
From (Date): _____	To (Date): _____	Rent _____	Own _____	
_____	_____	_____		
<i>Street Address (including Number)</i>	<i>City</i>	<i>State</i>		
From (Date): _____	To (Date): _____	Rent _____	Own _____	

### Former Marriages/Registered Domestic Partnership

*If no former marriage, write "None" on the line below. Otherwise, complete the following:*

Name of former spouse/partner: _____	Social Security Number: _____		
Deceased _____	Divorced _____	Date: _____	Where: _____

First and Last Name(s) of children from this marriage: \_\_\_\_\_  
\_\_\_\_\_

Name of former spouse/partner: _____	Social Security Number: _____		
Deceased _____	Divorced _____	Date: _____	Where: _____

First and Last Name(s) of children from this marriage: \_\_\_\_\_  
\_\_\_\_\_

# Statement of Information Form



## 2. CO-APPLICANT INFORMATION (Print):

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<i>First Name</i>	<i>Middle Name (If none, write None)</i>	<i>Last Name</i>
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Date of Birth: _____	Primary Phone Number: _____
Place of Birth: _____	Secondary Phone Number: _____
Social Security Number: _____	Driver's License Number: _____
State Currently Residing In: _____	Resident of State Since (year): _____

Have you ever been issued or used any other Social Security Number? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Social Security Number did you use? \_\_\_\_\_

Have you ever used another name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide all names used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Select your status for the items below:

1. Male \_\_\_\_\_ Female \_\_\_\_\_
2. Single \_\_\_\_\_ Married\* \_\_\_\_\_ Registered Domestic Partner\* \_\_\_\_\_  
Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

\*Married/Registered on: \_\_\_\_\_ at \_\_\_\_\_  
*Date City County State*

\*If Married/Registered, spouse's name: \_\_\_\_\_

\*If Married/Registered, spouse's name prior to marriage: \_\_\_\_\_

# Statement of Information Form



## CO-APPLICANT INFORMATION CONTINUED:

### Occupations Over the Last 10 Years: *(Attach any additional occupations to the back of this document)*

Occupation: _____	Address: _____
Business Name: _____	No. of Years: _____
Occupation: _____	Address: _____
Business Name: _____	No. of Years: _____

### Residences Over the Last 10 Years: *(Attach any additional residences to the back of this document)*

_____	_____	_____		
<i>Street Address (including Number)</i>	<i>City</i>	<i>State</i>		
From (Date): _____	To (Date): _____	Rent _____	Own _____	
_____	_____	_____		
<i>Street Address (including Number)</i>	<i>City</i>	<i>State</i>		
From (Date): _____	To (Date): _____	Rent _____	Own _____	

### Former Marriages/Registered Domestic Partnership

*If no former marriage, write "None" on the line below. Otherwise, complete the following:*

Name of former spouse/partner: _____	Social Security Number: _____		
Deceased _____	Divorced _____	Date: _____	Where: _____

First and Last Name(s) of children from this marriage: \_\_\_\_\_  
\_\_\_\_\_

Name of former spouse/partner: _____	Social Security Number: _____		
Deceased _____	Divorced _____	Date: _____	Where: _____

First and Last Name(s) of children from this marriage: \_\_\_\_\_  
\_\_\_\_\_

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### 3. SIGNATURES REQUIRED

This document serves as written authorization and notification for Trustmark, its employees, agents or subcontractors to discuss and/or negotiate on the Borrower's behalf all mortgage-related matters. Borrowers agree that Trustmark, its employees, agents or subcontractors may discuss and/or release any personal and/or private information related to the mortgage or mortgaged property with any interested party (such as a junior or senior lien holder, servicer, insurance agent, real estate agent, attorney, employer, lender advocacy agency, or the like). This consent shall remain in effect unless the Borrower(s) revoke it, in part or whole, by sending a written communication to Trustmark at:

Trustmark  
Attn: Loss Mitigation  
P.O. Box 23072  
Jackson, MS 39225-3072

**Please direct all inquiries and questions to** Trustmark's Mortgage Loss Mitigation Department at 1.888.309.9887. Representatives are available Monday through Friday; 8:00 a.m. to 5:00 p.m., Central Time.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

**Co-applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

**Loan Number:** \_\_\_\_\_

**Please return a copy of your (and the co-applicant, if applicable) Driver's License with the attached form.**