

# Fax Cover Sheet

Use this cover sheet when faxing documents back to your loan officer. Faxes that do not contain this cover sheet will not be processed or received by the intended recipient.

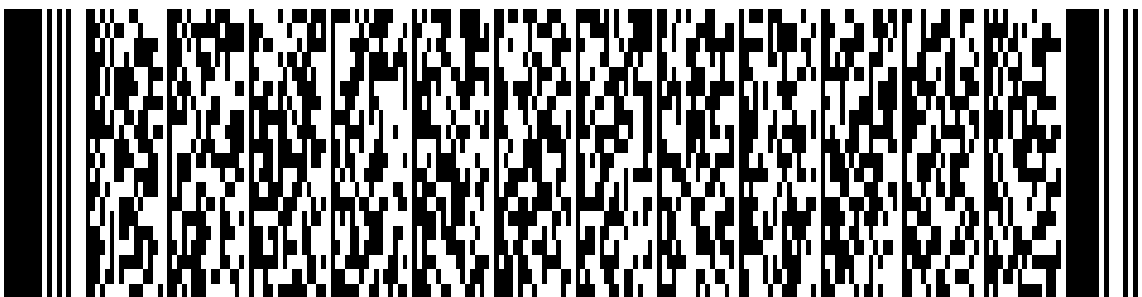
## Fax # 800-704-0852

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**TO: Edward T Collins**  
**800-704-0852**

**FROM: Matthew M Ramsey**  
**26 Link Lane**  
**Richmond, RI 02892**

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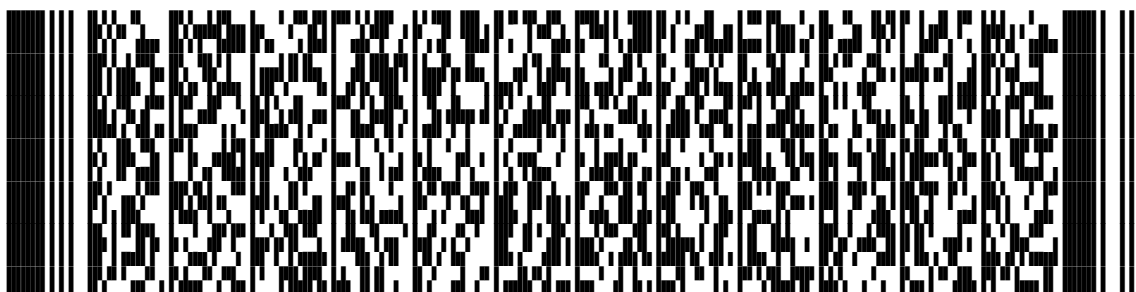
**3011175054**

**jchonoles@provincemortgage.com**

**{38cd4f8a-63f5-4079-be82-06bc8b5b430c}**

**Matthew M Ramsey**

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Confidentiality Notice: The information contained in and transmitted with this communication is strictly confidential and is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any use of the information contained in or transmitted with the communication or dissemination, distribution, or copying of this communication is strictly prohibited by law. If you have received this communication in error, please immediately destroy the original message and any copy of it in your possession.

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

Printed Name: <b>Matthew M Ramsey</b>	Date of Birth: <b>May 7, 1979</b>	Social Security Number: <b>434-69-0932</b>
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I want this information released because I am conducting the following business transaction:

**Seeking a mortgage from the company**

Reason (s) for using CBSV: (Please select all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service     |
| <input type="checkbox"/> Background Check            | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check                | <input type="checkbox"/> Other               |

with the following company ("the Company"):

Company Name: **Province Mortgage Associates, Inc.**

Company Address: **50 Office Parkway, East Providence, RI 02914**

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.

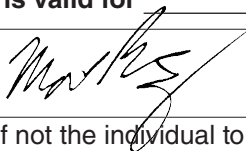
The name and address of the Company's Agent is: **PitchPoint Solutions Corp**  
**8586 Potter Park Drive, STE 108**  
**Sarasota, FL 34238**

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. 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 \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature:



Date Signed:

6/25/2019

Relationship (if not the individual to whom the SSN was issued):

**Contact information of individual signing authorization:**

**Address: 26 Link Lane**

**City/State/ZIP: Richmond, RI 02892**

**Phone Number: 504-814-0565**

## **Privacy Act Statement Collection and Use of Personal Information**

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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.**

----- TEAR OFF -----

### **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/cbsv/docs/SampleUserAgreement.pdf>.

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

Printed Name: <b>Kathryn M Ramsey</b>	Date of Birth: <b>May 21, 1981</b>	Social Security Number: <b>003-72-2194</b>
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I want this information released because I am conducting the following business transaction:

**Seeking a mortgage from the company**

Reason (s) for using CBSV: (Please select all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service     |
| <input type="checkbox"/> Background Check            | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check                | <input type="checkbox"/> Other               |

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Company Name: **Province Mortgage Associates, Inc.**

Company Address: **50 Office Parkway, East Providence, RI 02914**

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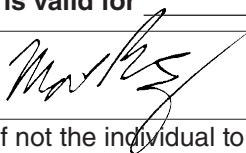
The name and address of the Company's Agent is: **PitchPoint Solutions Corp**  
**8586 Potter Park Drive, STE 108**  
**Sarasota, FL 34238**

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Date Signed:

6/25/2019

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**Contact information of individual signing authorization:**

**Address: 26 Link Lane**

**City/State/ZIP: Richmond, RI 02892**

**Phone Number: 603-557-2207**

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## RHODE ISLAND TITLE INSURANCE DISCLOSURE

Borrower(s): **Matthew M Ramsey**  
**Kathryn M Ramsey**

Date: **June 25, 2019**

Loan Number: **190695567**

Property Address: **26 Link Lane**  
**Richmond, RI 02892**

Lender/Broker: **Province Mortgage Associates, Inc.**

Loan Originator: **Edward T Collins**

License #: **20102665LL**  
NMLS #: **2861**

NMLS #: **10380**

This disclosure is provided to you pursuant to R.I. Gen. Laws § 19-9-5 and R.I. Gen. Laws § 19-9-6.

In order to close your loan, you will be required to obtain a title insurance policy protecting our interest. The attorney selected to search the title of the real estate securing your loan must offer you an owner's title insurance policy at the usual premium rate. An owner's title insurance policy is not required to close your loan.

Please indicate your choice by checking the appropriate box.

- ☐ You elect to purchase an owner's title insurance policy.
- ☒ You do not elect to purchase an owner's title insurance policy.

You also have the option to select a qualified title attorney or title insurance company to conduct the title examination of your mortgage loan and provide the title insurance policy. The title attorney or title insurance company is responsible for examining the title to the mortgage property and providing us with a title insurance binder and policy issued by a title insurance company approved by the American Land Title Association.

If you prefer, we will select a qualified attorney or title insurance company to conduct the title examination and provide the title insurance policy.

Please indicate your choice below:

- ☐ You waive the right to select an attorney or title insurance company and permit us to select an attorney or title insurance company.
- ☒ You desire to select an attorney or title insurance company to search the title of the property securing your loan and provide the title insurance policy.

Indicate the title attorney or title insurance company you wish to use below. If not known at this time, please contact us with the name, address and telephone number of the title attorney or title insurance company.

Name: **Blais Cunningham & Crowe Chester, LLP/Tri-State T**

Address: **185 Tower Hill Rd, N Kingstown, RI 02852**

Phone: **401-667-4888**



ACKNOWLEDGEMENT

By signing below, you hereby acknowledge reading and understanding all of the information disclosed above, and receiving a copy of this disclosure on the date indicated below.



06/25/19  
DATE

MATTHEW M RAMSEY

KATHRYN M RAMSEY

DATE



# Absolute Value Management Corp.

## CREDIT CARD AUTHORIZATION FORM

I understand that it is necessary for me to obtain a residential real estate appraisal for the purpose of my mortgage application and that my mortgage lender/ broker has retained Absolute Value Appraisal Management to produce this report. By providing my payment information below I am authorizing Absolute Value Appraisal Management to bill my credit card for this Appraisal Report.

Property Address: 26 Link Lane  
Richmond, Washington 02892  
File: 190695567

Matthew M. Ramsey

Name as it appears on card

26 Link Lane

Billing Street Address

Richmond, RI 02892

Billing City/Town, State, Zip Code

379732739222009

Card #

4321

CSV # (3 or 4 digit security code on card)

09/23

Expiration Date



Signature of Cardholder

I agree to pay above total amount according to card issuer agreement

