

# Franklin Township

Somerset County, New Jersey

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Municipal Building  
475 DeMott Lane  
Somerset, NJ 08873  
732.873.2500  
Fax: 732.873.0844  
[www.franklintwpnj.org](http://www.franklintwpnj.org)

## Discharge of Housing Rehabilitation Mortgage Authorization Form

Name(s) of Borrower: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Tax Map Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mortgage Amount to be Discharged: \$ \_\_\_\_\_

Date of Filing of Housing Rehabilitation Mortgage: \_\_\_\_\_

Mortgage Book: \_\_\_\_\_ at Page: \_\_\_\_\_

### Designation of Borrower's Authorized Representative

Name(s) of Borrower's Authorized Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Borrower Certification

I/we certify that I/we seek to have the above-described housing rehabilitation mortgage discharged and certify that that the party listed above as the Borrower's Authorized Representative is solely authorized to act on my/our behalf to secure the requested Discharge of Mortgage.

\_\_\_\_\_  
Signature of Borrower

Date\_\_\_\_\_

\_\_\_\_\_  
Signature of Borrower

Date\_\_\_\_\_

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of New Jersey