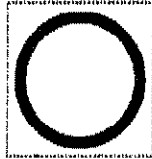


EXHIBIT D



OCWEN

Authorization to Access Property

Borrower Name: _____

Borrower Address: _____

Property Address: _____

Contact Name of Person to Gain Access to Property: _____

Is property on Lockbox? No Yes If Yes, Lockbox Combination? _____

Telephone number of contact: _____

I/We hereby authorize release to Ocwen Loan Servicing, LLC or its agents to access the subject property for the purposes of obtaining an interior market analysis/appraisal in consideration for a discounted payoff. "Agents" shall include, but not be limited to, all real estate agents, attorneys, their assistants and junior lien holders. A copy of this authorization may be accepted as an original.

Borrower Signature

Social Security Number

Printed Name

Date

Borrower Signature

Social Security Number

Printed Name

Date

Please fax this information to attention of the Collateral Department at (407) 737-5071.

Notice of Confidentiality:

This is intended solely for the use of the addressee hereof. In addition, this document may contain information that is confidential, privileged or exempt from disclosure under applicable law. If you are not the intended recipient of this document, you are prohibited from reading, disclosing, reproducing, distributing, disseminating or otherwise using this document. Delivery of this document to any person other than the intended recipient is not intended to waive any right or privilege. If you have received this document in error, please promptly notify the sender.

**Ocwen Loan Servicing, LLC is a debt collector attempting to collect a debt.
Any information obtained will be used for that purpose.**