

ID Verify Plus (SSA-89) Instructions

SSN Verification with SSA-89 Consent



NEW REQUIREMENTS FOR SSA-89 FORM OMB No. 0960-0760 Effective October 1, 2013

- Business transaction line needs to state:
 - Seeking a mortgage
 - Company Agent Name / Address must read:
Informative Research
13030 Euclid Street
Garden Grove, CA 92843
 - Customer signature and date must be complete.
 - If consent valid for less than 90 days, line must state number of days and be initialed by the customer.
 - The Social Security Administration does not accept Electronic Signatures
 - Contact information of individual signing authorization must contain:
Address
City/State/Zip
Phone number
 - The effective date to use the updated consent form OMB No. 0960-0760 (SSA-89) is October 1, 2013.
 - Clients must sign the updated SSA-89 beginning October 1, 2013.
 - Clients must use form OMB No. 0960-0760 starting October 1, 2013.
1. NOTE: The SSA-89 form on our [website](#) already contains the Business transaction and Company Agent information.

I.D. Verify Plus (SSA-89 Form) Guidelines

The SSA-89 Form **OMB No. 0960-0760** must be filled out COMPLETELY and LEGIBLY.

All SSA-98 Forms MUST be signed by the subject.

NO MODIFICATIONS can be made to the SSA-89 Form.

SSN verifications CANNOT be processed until Informative Research receives a completed SSA-89 Form.

Any SSA-89 form submitted other than SSA-89 Form **OMB No. 0960-0760** will be rejected and Informative Research will not be able to process.

Any SSA-89 form that does not follow these guidelines CANNOT be accepted by Informative Research. Any missing or incorrect information will result in QA fail and be returned to the client with instructions to re-submit. **This will delay processing.**

Contact Informative Research at 800.473.4633
for more information on our products and services.

www.informativeresearch.com | t: 800.473.4633 • f: 714.636.2510 | e: info@informativeresearch.com

ID Verify Plus (SSA-89) Ordering Instructions

SSN Verification with SSA-89 Consent



1. Complete the Form SSA-89 and obtain a signature from the Borrower - complete one SSA-89 form per borrower/SSN you wish to verify. Then scan and save the document to your PC.
2. Log in to our Web Credit System at: <https://order.informativeresearch.com/WCS/Main/login.aspx>
3. Click on the "Order/Upload SSA-89 Forms" link in the IDV+ Reports box. Or, click on the "Order/Upload SSA-89 Forms" link in the Report List Tasks box on the left side of the IDV+ screen.
4. Input the Borrower's Last Name, First Name, SSN, Date-of-Birth and Loan number for each request
5. Click the <Browse> button to find the signed document that you saved to your PC in step 1.
(Note: Do this for each verification you are requesting).
6. Informative Research maintains a one hour processing time (during normal business hours) with the Social Security Administration. If the information provided on the SSA-89 form does not match the information submitted electronically to the Social Security Administration, a manual process will be performed delaying the processing/completion time.
Note: if your account is on credit card only billing, you will receive a call to authorize your on-file card for the I.D. Verify Plus service.
7. Once your order has been processed, Informative Research will send a notice to you via e-mail including a link to WCS so you can access your report quickly and securely in the Adobe Reader (PDF) format.

- You can view the status of your orders from the IDV+ screen in WCS.
- To check on the status of an IDVP Order by email, you may send an email to ssnverification@informativeresearch.com

Please include your:

- A.) IR Account Number
- B.) Borrower's First and Last Name

Contact Informative Research at 800.473.4633
for more information on our products and services.

www.informativeresearch.com | t: 800.473.4633 • f: 714.636.2510 | e: info@informativeresearch.com

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

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

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: _____

Company Address: _____

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:

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 _____

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

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____

Privacy Act Statement

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

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>