

NOTICE OF DELINQUENCY First Lien

MORTGAGE INSURANCE CO.

MI CERTIFICATE NUMBER: _____ **SERVICER LOAN NUMBER:** _____

SERVICER NAME: _____

SERVICER ADDRESS: _____

INVESTOR (Check One): FHLMC FNMA OTHER

MORTGAGOR NAME: _____			MORTGAGOR SOCIAL SECURITY NUMBER _____		
FIRST	MIDDLE	LAST			
CO-MORTGAGOR NAME: _____			CO-MORTGAGOR SOCIAL SECURITY NUMBER _____		
FIRST	MIDDLE	LAST			
PROPERTY ADDRESS: _____					
STREET		CITY		STATE	ZIP
MAILING ADDRESS IF DIFFERENT: _____					
STREET		CITY		STATE	ZIP
TELEPHONE NUMBERS: Home () _____ Work () _____ Ext. _____					

CURRENT PRINCIPAL BALANCE (exclude all delinquent interest, etc.) _____			BANKRUPTCY					
TOTAL DELINQUENT AMOUNT: _____			File Date: ____/____/____					
LOAN DUE FOR DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">MONTH</td><td style="width: 30px; text-align: center;">DAY</td><td style="width: 30px; text-align: center;">YEAR</td></tr></table>			MONTH	DAY	YEAR	Chapter: _____		
MONTH	DAY	YEAR						
REASON FOR NON-PAYMENT (Check One)								
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Temporary Loss of Income	<input type="checkbox"/> Dissatisfaction with Property	Is this a First Payment Default?					
<input type="checkbox"/> Marital Problems	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Energy/Environment Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Illness	<input type="checkbox"/> Excessive Use of Credit	<input type="checkbox"/> Servicer Problem (Explain below)						
<input type="checkbox"/> Death	<input type="checkbox"/> Casualty Loss							
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Moved/Vacant	OCCUPANCY STATUS (Check One)						
		<input type="checkbox"/> MORTGAGOR						
		<input type="checkbox"/> TENANT						
		<input type="checkbox"/> VACANT						
DATE OF LAST MORTGAGOR CONVERSATION <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; text-align: center;">MONTH</td><td style="width: 30px; text-align: center;">DAY</td><td style="width: 30px; text-align: center;">YEAR</td></tr></table>						MONTH	DAY	YEAR
MONTH	DAY	YEAR						
SERVICER'S NEXT ACTION WILL BE (Check One):								
<input type="checkbox"/> Loan Modification/Workout	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Pending Refinance						
<input type="checkbox"/> Recommend Mortgagor List for Sale	<input type="checkbox"/> Negotiate Payment Plan							
<input type="checkbox"/> Offer to Take Voluntary Conveyance (DIL)	<input type="checkbox"/> Promise to Pay — Date: If available ____/____/____							
DESCRIBE SERVICER'S COLLECTION EFFORTS:								

SERVICER CONTACT: _____

SERVICER TELEPHONE NUMBER: () _____ Ext. _____ Date: ____/____/____