

# Notice of Delinquency

First Lien



Mortgage Insurance Company:
MI Certificate Number:

Servicer Loan Number:		
Servicer Name:		
Servicer Address:		
City:	State:	Zip:

Investor: (Select One)  Freddie Mac  Fannie Mae  Other

Mortgagor Name	First:	Middle:	Last:	SSN:
Co-Mortgagor Name	First:	Middle:	Last:	SSN:
Property Address:				
City:		State:	Zip:	
Mailing Address (if different):				
City:		State:	Zip:	
Home Phone Number:			Work Phone Number:	

Current Principal Balance: (Exclude all delinquent interest, etc.)	Bankruptcy	File Date:	Chapter:
Total Delinquent Amount:	Loan Due for Date:		

Reason for Non-Payment: (Select One)	<input type="checkbox"/> Unemployment <input type="checkbox"/> Marital Problems <input type="checkbox"/> Illness <input type="checkbox"/> Death <input type="checkbox"/> Business Failure <input type="checkbox"/> Temporary Loss of Income <input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Excessive Use of Credit <input type="checkbox"/> Casualty Loss <input type="checkbox"/> Moved/Vacant <input type="checkbox"/> Dissatisfaction with Property <input type="checkbox"/> Energy/Environment Cost <input type="checkbox"/> Servicer Problem (Explain below)	Is this the First Payment Default? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Occupancy Status: (Select One) <input type="checkbox"/> Mortgagor <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
			Date of Last Mortgagor Conversation: _____

Servicer's Next Action Will Be: (Select One)	
<input type="checkbox"/> Loan Modification/Workout <input type="checkbox"/> Recommend Mortgagor List for Sale <input type="checkbox"/> Offer to Take Voluntary Conveyance (DIL) <input type="checkbox"/> Foreclosure	<input type="checkbox"/> Negotiate Payment Plan <input type="checkbox"/> Promise to Pay (Date if available: _____) <input type="checkbox"/> Pending Refinance

Describe Servicer's Collection Efforts:
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Servicer Contact Name:	Phone Number:
Date:	Fax Number: