

# Notice of Foreclosure Sale



This form must be received by RMIC no fewer than 15 days before the Foreclosure Sale Date.

| Insured/Service Information |              |            |
|-----------------------------|--------------|------------|
| Insured/Service Name: _____ |              |            |
| Address: _____              |              |            |
| City: _____                 | State: _____ | Zip: _____ |
| Contact Person: _____       |              |            |
| Phone Number: _____         |              |            |

| Loan Information                      |              |            |
|---------------------------------------|--------------|------------|
| RMIC Certificate # (10 digits): _____ |              |            |
| Insured/Service Loan #: _____         |              |            |
| Borrower Name(s): _____               |              |            |
| Property Address: _____               |              |            |
| City: _____                           | State: _____ | Zip: _____ |

| Borrower's Indebtedness at Foreclosure Sale |                 |
|---|-----------------|
| Principal:                                  | \$ _____        |
| Interest:                                   | \$ _____        |
| Legal Fees (estimate, if necessary):        | \$ _____        |
| Special Assessments:                        | \$ _____        |
| Delinquent Taxes:                           | \$ _____        |
| Past Due Homeowners' Association Fees:      | \$ _____        |
| Other (please explain): _____               | \$ _____        |
| <b>Total Indebtedness:</b>                  | <b>\$ _____</b> |

|   |   |
|---|---|
| Property Value: \$ _____<br>Date as of: _____   | <i>Please provide RMIC with a copy of your most recent appraisal or your Realtor's Market Analysis.</i> |
| Foreclosure Sale Date: _____<br>Anticipated Foreclosure Bid Amount: \$ _____<br><input type="checkbox"/> This bid includes deficiency rights<br><input type="checkbox"/> No deficiency bid required by RMIC |   |

Investor:  FHLMC  FNMA  Other: \_\_\_\_\_

|  |             |
|--|-------------|
| Name/Title of Authorized Representative: _____ |             |
| Signature of Authorized Representative: _____  |             |
| Email Address: _____                           | Date: _____ |