



# Monthly Default Status Reporting Form

Servicer Master Policy Number:		<b>CERTIFICATE NUMBER:</b>		Servicer Loan Number:	
Current Servicer/Insured:			Telephone No.:		
			{      }		
Address:					
City:		State:		Zip Code:	

Current Principal Balance	Total Delinquent Amount	Loan Due for Date	Bankruptcy Date	Bankruptcy Chapter	First Payment Default? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy Status: <input type="checkbox"/> Borrower <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant					
Date of Last Borrower Conversation: _____					
Servicer's Next Action will be:					
<input type="checkbox"/> Loan Modification Workout		<input type="checkbox"/> Foreclosure			
<input type="checkbox"/> Recommend Borrower 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: _____			
<input type="checkbox"/> Pending Refinance		<input type="checkbox"/> Other			
<b>CURRENT STATUS</b>			<b>IF FORECLOSURE (CHECK ONE)</b>		
<input type="checkbox"/> Cured	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Action Dismissed	<input type="checkbox"/> Being Pursued		
<input type="checkbox"/> Delinquent	<input type="checkbox"/> Deed-in-Lieu (DIL)	<input type="checkbox"/> Held in Abeyance	<input type="checkbox"/> Other		
<input type="checkbox"/> Redemption	<input type="checkbox"/> Bankruptcy Chapter _____	<input type="checkbox"/> Title in Lender's Name			

**COMMENTS:**