

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

INVESTOR (Check One): <input type="checkbox"/> Fannie Mae <input type="checkbox"/> Freddie Mac <input type="checkbox"/> Other					
Borrower (Last, First, MI)			Social Security No.:		
Co-Borrower (Last, First, MI)			Social Security No.:		
Property Address:					
City:		State:		Zip Code:	
Mailing Address (if different):					
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					

Reason:	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Temporary Loss of Income	<input type="checkbox"/> Moved/vacated
	<input type="checkbox"/> Marital	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Casualty Loss
	<input type="checkbox"/> Business Failure	<input type="checkbox"/> Dissatisfaction with Property	<input type="checkbox"/> Servicer Issue
	<input type="checkbox"/> Illness	<input type="checkbox"/> Excessive Use of Credit	<input type="checkbox"/> Other
	<input type="checkbox"/> Death	<input type="checkbox"/> Energy/Environment Cost	
Borrower Occupying Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact with Borrower:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, last date of last borrower contact: _____ / _____ /			
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"/> Forbearance Agreement	

DESCRIBE SERVICER'S COLLECTION EFFORTS:

By: _____ <small>(AUTHORIZED SIGNATURE)</small>	Date: _____
Title: _____	Phone: (____) _____
Email address: _____	Fax #: _____
<p>Submission of this form will serve as certification to National Mortgage Insurance Corporation that the statements contained herein are true, accurate and complete in all respects. National Mortgage Insurance Corporation shall be entitled to rely fully on any information contained herein.</p>	