

**Genworth Mortgage Insurance**

8325 Six Forks Road  
 Raleigh, North Carolina 27615  
 919 846.4100  
 800 444.5664 Toll Free  
 mi.genworth.com



# Loan Modification Form

|   |   |
|---|---|
| <b>Servicer Name and Address:</b>       | <b>Borrower Name(s) and Property Address:</b> |
|   |   |
|   |   |
| <b>Servicing Organization #: B22222</b> | <b>Genworth Certificate #:</b>                |

**SUBMISSION INSTRUCTIONS:**

Current Loan Modifications email ([DSMI@genworth.com](mailto:DSMI@genworth.com)) or fax (800 890.3398)  
 Delinquent Loan Modifications email ([hoa@genworth.com](mailto:hoa@genworth.com)) or fax (800 944.3642)

**All documents should be sent via secure methods. Please contact our ActionCenter® at 800 444.5664 with any questions.**

**Payment Information:**

(check the boxes that apply)

|   |                               |                      |
|---|-------------------------------|----------------------|
| <input type="checkbox"/> Loan is Current    | Forbearance/Deferred Amount:  | <input type="text"/> |
| <input type="checkbox"/> Imminent Default   | Forgiveness/Write-off Amount: | <input type="text"/> |
| <input type="checkbox"/> Loan is Delinquent | Source of Forgiveness Funds:  | <input type="text"/> |

| Loan Information             | Existing Loan | Modified Loan |
|------------------------------|---------------|---------------|
| Lender Loan Number           |               |               |
| Last Paid Installment Date   |               |               |
| Modified Loan Effective Date |               |               |
| First Mod Payment Due Date   |               |               |
| Loan Term (in months)        |               |               |
| Interest Rate %              |               |               |
| Monthly P&I                  |               |               |
| PITI                         |               |               |
| Unpaid Principal Balance     |               |               |
| LTV                          |               |               |

| Loan Type<br>(check the boxes that apply)  | Existing Loan | Modified Loan |
|--|---------------|---------------|
| Construction to Permanent (two time close) |               |               |
| Fixed Rate/Fixed Payment                   |               |               |
| Non-Fixed Payment**                        |               |               |
| Balloon (# of years)                       |               |               |
| Balloon Amount                             |               |               |
| Other:                                     |               |               |

**\*\* Non-Fixed Payment Information (complete for loans that are being modified Non-Fixed Payment only)**

|  |  |
|--|--|
| _____ Months Until First Rate Adjustment         | _____ % Per Adjustment Interest Rate Cap |
| _____ Months Until First Rate Payment Adjustment | _____ Per Adjustment Payment Cap         |
| _____ Months Between Adjustments (Frequency)     | _____ % Lifetime Interest Rate Cap       |
|  | _____ Lifetime Payment Cap               |

Insured represents the Application, submitted under the terms of the applicable Policy, is true and complete in all material respects; no information is false or misleading; and no information has been omitted that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for coverage. For Applications submitted under our delegated underwriting program, the loan meets our Underwriting Guidelines in all material respects. Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, may be subject to criminal and civil liability under state and/or federal law. **See State Fraud Warnings for state specific disclosures at mi.genworth.com.**

Requestor's Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Email address \_\_\_\_\_ Fax Number \_\_\_\_\_

**GENWORTH USE ONLY**

|   |                     |      |        |
|---|---------------------|------|--------|
| Approved by (Signature of Genworth Authorized Representative) | New Premium Renewal | Rate | Amount |
| Date  | Next Due Date       |      |        |