

# Loan Modification Form

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

**Submission Instructions:**  
 Current Loan Modifications email ([DSMI@EnactMI.com](mailto:DSMI@EnactMI.com)) or fax (800-890-3398)  
 Delinquent Loan Modifications email ([HOA@EnactMI.com](mailto:HOA@EnactMI.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 (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 [EnactMI.com](http://EnactMI.com).

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

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

**Enact Use Only**

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

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