

Notice of Loan Modification (Delinquent and Non-Delinquent Loans)

Servicer/Insured Name			
MGIC Certificate Number	Lender Loan Number	Investor Loan Number	
Borrower Name(s)			
Property Street Address	City	State	Zip Code

These fields are required *

HMP Program * Yes No

Loan Modification Effective Date* _____

Will a new note be executed? * Yes No

Is the loan delinquent? * Yes No

Current Loan Due For Date _____

Loan Balance/Payment/Term *

	Existing	Modified
Principal Balance	\$ _____	\$ _____
Interest Rate	_____ %	_____ %
P&I Only	\$ _____	\$ _____
PITI	\$ _____	\$ _____
Qualifying Gross Monthly Income		\$ _____
Full Loan Term (In Months)		_____
Is there a Forbearance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide amount		\$ _____
Is there Debt forgiveness?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide amount		\$ _____

Loan Type *	Existing	Modified
Fixed-Rate/Fixed Payment	<input type="checkbox"/>	<input type="checkbox"/>
Fully Amortizing ARM	<input type="checkbox"/>	<input type="checkbox"/>
ARM w/Potential Negative Amortization	<input type="checkbox"/>	<input type="checkbox"/>
Balloon Reset		<input type="checkbox"/>
Balloon Reset Term _____		
Other _____		

Step-Rate	Existing	Modified
(if checked, complete information below)	<input type="checkbox"/>	<input type="checkbox"/>
No. of Years _____		Year 4 Rate _____ %
Year 1 Rate _____ %		Year 5 Rate _____ %
Year 2 Rate _____ %		Year 6 Rate _____ %
Year 3 Rate _____ %		Year 7 Rate _____ %

Does the modified loan feature any Interest Only payments?
 Yes No

Complete this information if the modified loan type is an ARM or other non-fixed payment loan.

Index Name	_____
Margin	_____
Mos. to 1st Interest Rate Adj.	_____
Mos. Between Int. Rate Adj.	_____
Interest Rate Cap Per Adj.	_____ %
Maximum Int. Rate (Life Cap)	_____ %
Mos. to 1st Payment Adj.	_____
Mos. Between Payment Adj.	_____
Payment Cap Per Adj.	_____ %

Complete for MGIC Approval/Premium Due Notification *

If an increase in risk occurs, additional premium may be required and there may be a change in the renewal rate.

Contact Person _____

Phone (____) _____

Email _____

FAX (____) _____

The undersigned certifies the information on this notice is true and correct.

_____/_____/_____
 Signature of Authorized Representative Date

APPROVAL INFORMATION TO BE COMPLETED BY MGIC

**Premium Due \$ _____	**Premium Refund \$ _____	Policy Expiration Date ____/____/____
Renewal Premium Rate _____	**Annual/Monthly Premium Amount \$ _____	
Tax/Assmnt Rate _____	Approved By _____	____/____/____ Date

** May include tax due, assessments and other charges by government agencies.

MGIC is proceeding in this matter under a full and complete reservation of rights and neither this letter nor any action taken by MGIC which may appear inconsistent with this letter should be construed as a waiver by MGIC of any rights or defenses which it may have, including, but not limited to, exclusion or denial (in whole or in part) of a claim or rescission of coverage.

On any potential claim, only the amount of the capitalization that was allowed on the primary claim will be allowed on any future pool claim.

Note: This form includes loans insured by Mortgage Guaranty Insurance Corporation and may include loans insured by MGIC Indemnity Corporation or MGIC Assurance Corporation. All references to "MGIC" shall be to whichever company insured the applicable loan.