



Claim for Loss

(1) Claim Type

Initial	Supplemental
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(2) Date of Claim Submission

(3) Servicer Name

(4) Servicer Address

City

State

Zip

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(5) Borrower Name

(6) Loan Number

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(7) Property Address

City

State

Zip

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(8) Payee Name (If different than Servicer)

(9) Payee Address

City

State

Zip

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Comments:

Supporting Documentation to be included with the Claim:

- Copy of the PMI claim and Explanation of Benefits, if applicable.
- The most recent BPO and/or appraisal.
- A copy of the HUD1 from the REO sale closing (Unless sold to a 3rd party at foreclosure sale).
 - If sold to a 3rd party bidder, include a copy of the bidding instructions and copy of the disbursement check.
- An itemized loan transaction history with clearly marked entries illustrating the escrow balance at the time of default, subsequent escrow disbursements, and corporate advances.
- Copies of documentation (i.e. Invoices) associated with all expenses claimed.
- If property repairs are claimed, please include any documentation to support that the Servicer was diligent in maintaining the property.

Claimed Expense Detail

(10) Attorney Fees for Default Handling (Foreclosure, Bankruptcy, Eviction, etc.)

Date Paid	Description (Type of service)	Amount	
			(10) Sub-Total

(11) Statutory Expenses (and attorney costs)

Date Paid	Description (Type of tax and coverage period)	Amount	
			(11) Sub-Total

(12) Property Taxes

Date Paid	Description (Type of tax and coverage period)	Amount	
			(12) Sub-Total

(13) Hazard Insurance Premiums

Date Paid	Coverage Period	Amount	
			(13) Sub-Total

(14) Mortgage Insurance Premiums

Date Paid	Coverage period and monthly premium amount	Amount	(14) Sub-Total

(15) Property Preservation Costs

Date Paid	Description	Amount	
			(15) Sub-Total

(16) Other Disbursements

Date Paid	Description	Amount	
			(16) Sub-Total

Claim Summary

Principal and Interest

(17) Principal Balance (17)

	From	to	# of Days	Rate	
(18) Interest	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	(18) <input style="width: 150px; height: 20px;" type="text"/>

(19) Sub-total for Principal and Interest (19)

Claimable Expenses

(20) Attorney Fees (sub-total from Line 10) (20)

(21) Statutory Expenses (sub-total from Line 11) (21)

(22) Property Taxes (sub-total from Line 12) (22)

(23) Hazard Insurance (sub-total from Line 13) (23)

(24) MI Premiums (sub-total from Line 14) (24)

(25) Property Preservation (sub-total from Line 15) (25)

(26) Other Expenses (sub-total from Line 16) (26)

(27) Sub-total for Claimed Expenses (27)

Deductible Items

(28) Escrow Account Balance (28)

(29) Funds Held in Suspense (29)

(30) MI Claim Proceeds (30)

(31) Hazard Insurance Premium Refund (31)

(32) Hazard Insurance Claim Proceeds (32)

(33) REO Net Sale Proceeds (33)

(34) Other Deductions (34)

(35) Sub-total for Deductible Items (35)

Net Claim Amount

(36) Net Claim Amount (Line 19 plus Line 27 minus Line 35) (36)

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Certification:

I hereby certify that the submission of this Claim is a representation that the Claim and all material submitted are complete and accurate to the best of my knowledge and that proper diligence was taken to ensure the facts presented are correct.

Contact Name and Title (printed)

Authorized Signature

Email Address

Phone Number