

Notice of Delinquency



Mortgage Guaranty Insurance Corporation • MGIC Indemnity Corporation • P.O. Box 525, Milwaukee, WI 53201-0525

MI Certificate Number		Servicer Loan Number	
Servicer Name			
Servicer Address	City	State	Zip Code

Investor (Check One) Freddie Mac Fannie Mae Other

Mortgagor First Name	Middle	Last	
Co-Mortgagor First Name	Middle	Last	
Property Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code

Current Principal Balance: \$ _____ (Exclude all delinquent interest, etc.) Loan Due For Date MM/DD/YYYY: _____

Total Delinquent Amount: \$ _____ **BANKRUPTCY** File Date MM/DD/YYYY: _____ Chapter: _____

Is this a first payment default? Yes No Date of Last Mortgagor Conversation MM/DD/YYYY: _____

Occupancy Status: Mortgagor Tenant Vacant

REASON FOR NON-PAYMENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> National Emergency Declaration |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Over Obligated (Excessive Use of Credit)
+ Energy/Environment Cost | <input type="checkbox"/> Servicing Problems |
| <input type="checkbox"/> Marital Problems | <input type="checkbox"/> Casualty Loss | <input type="checkbox"/> Auto Repairs |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Moved/Vacated | <input type="checkbox"/> See Comments |
| <input type="checkbox"/> Business Failure | <input type="checkbox"/> Dissatisfied with Property | <input type="checkbox"/> ARM Reset |
| <input type="checkbox"/> Temporary Loss of Income | | |

SERVICER'S NEXT ACTION WILL BE (CHECK ONE)

- | | |
|---|--|
| <input type="checkbox"/> Loan Modification/Workout | <input type="checkbox"/> Negotiate Payment Plan |
| <input type="checkbox"/> Recommend Mortgagor List for Sale | <input type="checkbox"/> Promise to Pay - Date: (If Available) _____ |
| <input type="checkbox"/> Offer to Take Voluntary Conveyance (DIL) | <input type="checkbox"/> Pending Refinance |
| <input type="checkbox"/> Foreclosure | |

DESCRIBE SERVICER'S COLLECTION EFFORTS

SERVICER CONTACT NAME			SUBMIT NOTICE OF DELINQUENCY	
PHONE	EXT.	DATE	<ul style="list-style-type: none"> Secure File Transfer (SFT) – Select Claims Query Secure email to: claimsquery@mgic.com 	