

Genworth Mortgage Insurance

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 Raleigh, North Carolina 27615
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 genworth.com
 mi.genworth.com



Loan Modification Terms Form

Servicer Name and Address:	Borrower Name(s) and Property Address:
Servicing Organization #: B22222	Genworth Certificate #:

SUBMISSION INSTRUCTIONS:

Current Loan Modifications email (branch-npc@genworth.com) or fax (800 672.7718)
 Delinquent Loan Modifications email (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"/> 30 Days Delinquent	Source of Forgiveness Funds:	<input type="text"/>
<input type="checkbox"/> 60 Days Delinquent		
<input type="checkbox"/> Over 60 Days Delinquent		

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

Loan Type	Existing Loan	Modified Loan
<i>(check the boxes that apply)</i>		
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

The undersigned hereby certifies that the facts as represented in this form are true and correct. Submission by the Insured shall not constitute or be construed as approval by Genworth Mortgage Insurance Corporation of the modification/refinance which must meet delegation requirements.

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		