

GSE Program Eligibility (Select One)

- | | |
|---|--|
| SAME SERVICER | NEW SERVICER |
| <input type="checkbox"/> Fannie Mae HARP | <input type="checkbox"/> Fannie Mae HARP |
| <input type="checkbox"/> Freddie Mac Relief Refinance | <input type="checkbox"/> Freddie Mac Open Access |
| <input type="checkbox"/> CMG MI Refi-to-Mod | |

LOAN INFORMATION

Certificate #: _____
 Current Loan #: _____
 New Loan #: _____
 BORROWER NAME(S): _____

 Property Address: _____
 City: _____
 State: _____
 Zip code: _____

LOAN TERMS (please fill out all applicable fields)

	EXISTING	NEW
Original/New Loan Amount:	_____	_____
Unpaid Principal Balance:	_____	N/A
P&I Payment:	_____	_____
PITI:	_____	_____
Interest Rate %:	_____	_____
Remaining Term:	_____	_____
Loan Type (ARM/Fixed):	_____	_____

LENDER INFORMATION:

CMG MI Master Policy#: _____
 Lender/Servicer Name: _____
 Address: _____
 City: _____
 State: _____
 Zip code: _____

LENDER CONTACT INFORMATION:

Name: _____
 Company Name: _____
 Phone #: _____
 Fax #: _____
 Email: _____

ARM DETAILS (Complete if new loan is an ARM)

ARM Type: _____
 Initial Payment Rate (%): _____
 Months to 1st Adjustment: _____
 Months to Subsequent Adjustment: _____
 Cap at 1st Adjustment (%): _____
 Maximum Lifetime Cap (%): _____

The undersigned Lender represents and certifies that the above information is true, correct and complete and acknowledges that the continuation of mortgage insurance coverage by CMG MI is provided in reliance upon the representations noted above.

 SIGNATURE OF AUTHORIZED REPRESENTATIVE

 DATE

 PRINT NAME/TITLE

Comments: _____

Fax Only This Completed Signed Form To (888) 763-2264

Contact Us - Underwriting Network: (888) 746-6264