



# Modification Request Form for High LTV and Enhanced Relief Refinance Programs/RTM/Traditional

## GSE and Non-GSE Program Eligibility: (select one)

### Same Servicer

- Fannie Mae High LTV Refinance
- Freddie Mac Enhanced Relief Refinance<sup>SM</sup> Mortgage
- Traditional Modification
- Arch MI Refi-to-Mod
- Payment Deferral

### New Servicer

- Fannie Mae High LTV Refinance
- Freddie Mac Enhanced Relief Refinance Mortgage
- Arch MI Refi-to-Mod

## Loan Information:

Investor Name: \_\_\_\_\_

Investor Loan Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Servicer Number: \_\_\_\_\_

New Loan Number: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## ARM Details: (complete if new loan is an ARM)

ARM Type: \_\_\_\_\_

Initial Payment Rate (%): \_\_\_\_\_

Months to First Adjustment: \_\_\_\_\_

Months to Subsequent Adjustment: \_\_\_\_\_

Cap at First Adjustment (%): \_\_\_\_\_

Maximum Lifetime Cap (%): \_\_\_\_\_

## Lender Information:

Arch MI Master Policy Number: \_\_\_\_\_

Lender/Servicer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## Lender Contact Information:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Loan Terms: (please fill out all applicable fields)

	Existing	New
Date of Default:	_____	_____
First Payment After Modification:	_____	_____
Reason for Default:	_____	_____
Total Cost Added to UPB (Capitalization Amount):	_____	_____
Deferred Principal Balance:	_____	_____
DTI %:	_____	_____
Original/New Loan Amount:	_____	_____
Unpaid Principal Balance:	_____	_____
Principal and Interest (P&I):	_____	_____
Principal, Interest, Taxes and Insurance (PITI) Payment:	_____	_____
Interest Rate (%):	_____	_____
Remaining Term:	_____	_____
Loan Type (ARM/Fixed):	_____	_____
Months Deferred:	_____	_____

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 Arch MI is provided in reliance upon the representations noted above.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME/TITLE

Send Completed Signed Form to: [loanmods@archmi.com](mailto:loanmods@archmi.com) or contact the Servicing team for questions and/or inquiries at 877-642-4642 (Option 3).