

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® 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: _____

Member 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 (%): _____

Credit Union Information:

Arch MI Master Policy Number: _____

Credit Union/Servicer Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Credit Union 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 (%):	_____	_____
Loan Term:	_____	_____
Loan Type (ARM/Fixed):	_____	_____
Months Deferred:	_____	_____

The undersigned Credit Union 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 or contact the Servicing team for questions and/or inquiries at 877-642-4642 (Option 3).

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