



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Foreclosure Mediation Program



LENDER FORECLOSURE MEDIATION AGENT CONTACT FORM

Date of Notice of Default (NOD) on Residential Mortgage: _____

Address of Property Subject to NOD: _____

Lot/Square Number: _____

Name of Borrower(s): _____

Mailing Address of Borrower(s): _____

Telephone Number: _____ Email: _____

Name of Record Owner (if different from Borrower(s)): _____

Mailing Address of Record Owner (if different from Borrower(s)): _____

Telephone Number: _____ Email: _____

Mortgage Loan Number (at least last four digits): _____

Lien Position (Indicate whether first or subordinate lien): _____

Date Most Recent Mortgage Loan Payment Received: _____

Period to Which Most Recent Mortgage Loan Payment Was Applied: _____

Date of Default: _____

Total Amount Required to Cure Default as of the Date of NOD: _____

(The person sending this notice may include a per-diem amount by which the amount required to cure the default continues to accrue, or any other formulation that takes into account such future increases.)

Name of Secured Party: _____

Address of Secured Party: _____

Telephone Number of Secured Party: _____

Email Address of Secured Party (if applicable): _____

(If the secured party is a trust, real estate mortgage investment conduit (REMIC), or the like, the secured party may insert the telephone number of its authorized loan servicer.)

Name of Loan Servicer (if different from Secured Party): _____

Address of Loan Servicer: _____

Telephone Number of Loan Servicer: _____

Email Address of Loan Servicer (if applicable): _____

Name of Foreclosure Contact Person: _____

Address of Foreclosure Contact Person: _____

Telephone Number of Foreclosure Contact Person: _____

Email Address of Foreclosure Contact Person: _____

(Provide the contact information for the individual or business group responsible for coordinating the default and foreclosure process.)

Name of Attorney/Trustee: _____

Address of Attorney/Trustee: _____

Telephone Number of Attorney/Trustee: _____

Email Address of Attorney/Trustee: _____