



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Vincent C. Gray, Mayor
Department of Insurance, Securities and Banking
Foreclosure Mediation Program



APPLICATION FOR MEDIATION CERTIFICATE DUE TO BREACH

1. I am authorized to act on behalf of , the lender or holder of the beneficial interest in the mortgage or deed of trust.
2. The lender entered into a settlement agreement on , 20 with [borrower(s)] as a result of foreclosure mediation for the property located at .
3. A true copy of the settlement agreement is attached to this application.
4. The borrower(s) is now in breach of the settlement agreement because (attach additional sheets if necessary):
5. The borrower(s) receiving this application has five (5) days from the date of mailing this application to challenge the above allegation by filing an objection with the Mediation Administrator. 26 DCMR § 2720.4.
6. The lender, therefore, requests the Mediation Administrator to issue a Mediation Certificate for the above stated reason(s).

I hereby certify that on , 20 , I mailed a copy of this Application for Medication Certificate Due to Breach to the borrower(s) by first class mail to the address below:

I further declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Sign here

Print Name

Date