FORECLOSURE RECOMMENDATION, CONSENT, AND STATUS REPORT FORM

Submit no later than 10th day of the month when the loan is:
Four payments past due and each month thereafter, for duration of foreclosure proceedings

Part I: GENERAL INFORMATION

SONYMA Loan # _____ Servicer Loan # _____

Mortgage Type ☐ FHA ☐ Conventional PMI ☐ Conventional Uninsured

If PMI: Name of PMI Company _____ % of PMI Coverage _____

Mortgagor (s) _____

Property Address _____
(Street) (City) (County)

Unpaid Principal Balance $ _____ # of Months Delinquent _____ Due Date of Last Paid Installment _____

PART II: FORCLOSURE RECOMMENDATION

(To be completed only when recommending foreclosure)

Servicing History to Date _____

_____

_____

Reason for Foreclosure Recommendation _____

_____

_____

Status and Amount of Escrow Account (If Non-Escrow, Status of Real Estate Taxes) _____

_____

Fire and Hazard Insurance: Coverage $ _____ Expiration Date _____ Cost $ _____

Name and Address of Attorney Recommended _____

Attorney's Approximate Fee Schedule _____

Property Status: ☐ Occupied ☐ Vacant ☐ Date of Last Inspection _____
(Please Attach Copy)

PART III: FORECLOSURE STATUS UPDATE

(To be submitted by the 10th calendar day of each month by e-mail transmission to foreclosure@nyhomes.org, only after SONYMA consents to foreclosure)

Current Status of Foreclosure Action _____

_____

_____

(Please complete this section upon each submission)

Servicing Institution _____ Title _____

Signature of Preparer _____ Address _____

Preparer's Name _____ Telephone # _____ Fax # _____

E-mail Address _____ Date _____

PART IV: SONYMA REPLY

(For SONYMA use only)

Pool Servicer _____ Master Policy # _____ Certificate # _____

☐ SONYMA consents to your recommendation. Please commence immediate action using the above attorney. The action must be brought under the name of SONYMA and all legal documents must be executed by SONYMA. *Be advised that servicer must send all legal documents to SONYMA for execution.*

☐ By copy of this form, SONYMA will notify the above Pool Insurer of the action being taken. It is the servicer's responsibility to keep SONYMA and the Pool Insurer advised of all updates concerning this loan. Please submit copies of all correspondence relative to this action to SONYMA and the Pool Insurer.

☐ On the 10th calendar day of each month, and for the duration of the foreclosure proceeding, SONYMA requires a status report by email.

☐ Other _____

_____

_____

_____

SONYMA Officer _____ Title _____

Signature of Officer _____ Date _____

Telephone # _____

SONYMA