



SONYMA - MORTGAGE INSURANCE FUND
 641 Lexington Avenue, New York, NY 10022, (212) 688-4000

SINGLE FAMILY CLAIM FOR LOSS

INSURED LENDER:

Name/Address:
ID No.:

LOAN SERVICER:

Name/Address:
ID No.:

BORROWER:

Name/Address:
Loan No.:

MORTGAGE INSURANCE FUND:

Certificate No.:	Type of Claim:
Policy No.:	Date Marketable Title was Obtained:
Percentage of Coverage:	Date of Claim:

I. Mortgage Loan:

Principal balance (exclude interest, taxes, insurance) _____

Accumulated interest: Rate(s): _____ From: _____ To: _____

Total Principal and Interest _____

II. Summary of Expenses (itemization required)

Attorney Fees _____

Property Taxes _____

Hazard Insurance _____

Statutory Costs _____

Preservation of Property _____

Other Expenses _____

Total Expenses _____

III. Summary of Deductibles

Escrow Account Balance _____

Net Rental Proceeds: Pledged, Savings, Buydown or Other Funds _____

Primary Insurance Settlement _____

Net Sales Proceeds _____

Restoration _____

Interest Adjustment _____

Closing Statement Adjustment _____

Other Deductibles (itemization required) _____

Total Deductibles _____

Adjusted Claim _____

Adjustment (+ or -) _____

Percentage of Coverage _____

Claim Amount _____

Required Enclosures: Evidence of Good and Merchantable Title, Loan Payment History, Copy of HUD1/Closing Statement, Copy of paid invoices, Copy of PMI Claim Settlement, Copy of BPO/Appraisal and Chronology if foreclosure was delayed.

Comments (if necessary attach additional Sheet): _____

CLAIM AUTHORIZATION:

Signature:	Title:
Name and Phone No.:	Date:

**STATE OF NEW YORK MORTGAGE AGENCY
MORTGAGE INSURANCE FUND
641 Lexington Avenue, New York, NY 10022**

SINGLE FAMILY CLAIM FOR LOSS - Itemization of Expenses and Deductibles

BORROWER:

Name/Address:
Cert. No./ Investor's No.:
Loan No.:

<u>Expense Type</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Description</u>
Attorney Fees				
Total			_____	
			=====	

<u>Expense Type</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Description</u>
Real Estate Taxes				
Total			_____	
			=====	

<u>Expense Type</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Description</u>
Insurance Premiums				
Total			_____	
			=====	

<u>Expense Type</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Description</u>
Preservation of property				
Total			_____	
			=====	

<u>Expense Type</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Description</u>
Statutory disbursements				
Total			_____	
			=====	

<u>Expense Type</u>	<u>Date Due</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Description</u>
Other Expenses				
Total			_____	
			=====	

<u>Deductibles</u>	<u>Date Received</u>	<u>Amount Received</u>	<u>Description</u>
Refund			
Interest on Escrow			
Other			
Total		_____	
		=====	