

PLAINTIFF'S CHECKLIST KANE COUNTY RESIDENTIAL MORTGAGE FORECLOSURE MEDIATION PROGRAM

PLAINTIFF CONTACT INFORMATION

Please list a contact person for this case. The Program Coordinator will contact this person to deal with scheduling and other issues. The contact person may be an attorney representing the plaintiff.

Name: _____

Title: _____

Telephone Number: _____

Email address: _____

Fax Number: _____

HOME LOAN INFORMATION

PLEASE COMPLETE ENTIRE SECTION.

Case Number: _____

Who is the loan servicer? _____

Does the plaintiff have a second lien on the home? *(Please check one)* Yes No

A. If yes, does plaintiff or the loan servicer participate in Second Lien Modification Program (2MP)? Yes No

B. If no, does plaintiff or the loan servicer have another program addressing a second lien? Yes No

(If yes, please attach a description of the program to this questionnaire.)

LOSS MITIGATION

PLEASE COMPLETE ALL APPLICABLE OPTIONS AS OF THE DATE OF CHECKLIST SUBMISSION.

1. Has the lender received a loss mitigation packet? *(Please check one)* Yes No

A. Is the packet complete and all required documents attached?

(Please check one) Yes No

(If no, please attach an itemized list of the missing documents to this checklist.)

2. Has the plaintiff or loan servicer reviewed defendant(s) for all applicable Loss Mitigation options? *(Please check one)* Yes No Under Review

A. If yes, the documents in the lender's possession will not expire prior to the Mediation

Session except for: _____

_____ which must be updated.

(Please attach an itemized list if necessary)

B. If no, please provide explanation and if further documentation is needed.

(Please attach explanation & an itemized list of all required documents to this checklist.)

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REINSTATEMENT:

3. Has the lender received a request for reinstatement? *(Please check one)* Yes No
(If yes, please provide a total amount for reinstatement and acceptance date)

Reinstatement Amount: _____ Acceptance Due Date: _____

RELINQUISHMENT:

4. Has the lender received a request for relinquishment? *(Please check one)* Yes No
(If yes, please select all applicable options)

Short Sale Deed-in-lieu Cash for Keys Other *(Please specify)*

LOAN MODIFICATION:

5. Is this loan eligible for HAMP? *(Please check one)* Yes No

6. Can the servicer identify any pooling and servicing agreement or investor guidelines that limit its authority to apply the HAMP modification process to this loan?
(Please check one) Yes No
(If yes, please attach the restriction or a description of the restriction including the source of the restriction to this questionnaire.)

7. Please indicate the owner of the loan and any other box that applies:

Fannie Mae Freddie Mac
 Ginnie Mae Private Investor Owned
 FHA Loan VA Loan
 RHS Loan Other _____

8. Is there any reason that the Home Affordable Foreclosure Alternative Program would not apply?
(Please check one) Yes No
(If yes, please attach explanation to this questionnaire.)

9. Has the plaintiff or loan servicer issued an offer or denial of a loan modification or relinquishment request? *(Please check one)* Yes No
(If yes, please attach all copies of all denials or offers of modification or relinquishment options, along with NPV analysis only if applicable and used.)

Date: _____	Prepared by: _____
Title: _____	Phone No.: _____
_____ (Signature)	