

CHFA Foreclosure Approval/Mitigation/Initiation/Action Notification

Fax to: (860) 257-8375
ATTN: Finance Department

A. Loan Information

Date: _____

CHFA Loan #: _____

Servicer Loan #: _____

Borrower Name(s): _____

Insurance Type: FHA VA PMI CHFA Uninsured RDA

Check if Short Sale Prior to Foreclosure Initiation:

B. Foreclosure Initiation

Date Counseling Letter Sent: _____

Owner Occupancy Verified: Yes No (if No, Comment is required)

Check all boxes that may apply:

Code	Description	Code	Description
<input type="checkbox"/> 12	Repayment	<input type="checkbox"/> 10	Partial Claim
<input type="checkbox"/> 09	Forbearance	<input type="checkbox"/> 17	Pre-Foreclosure Sale
<input type="checkbox"/> 28	Modification	<input type="checkbox"/> 47	Deed-In-Lieu
<input type="checkbox"/> 49	Assignment/Refunding		

I certify that all CHFA guidelines, or any other requirements per the guarantor, were followed prior to initiating foreclosure: *(For CHFA or uninsured loans, HUD guidelines, excluding partial claims should be followed)*

By: _____

Printed Name: _____

Phone #: _____

Email Address: _____

Foreclosure Start Date: _____
(Date Attorney hired)

Attorney/Firm Assigned: _____

C. Foreclosure Action Notification

Date of First Legal: _____

Title Taken Date: _____

Bankruptcy Status: Chap 7 Chap 13

Bankruptcy Date: _____

Bankruptcy Dismissal Date: _____

Date Court/Attorney Proceeds Received: _____

Amount: _____

Property Conveyance Date: _____

D. Comments

