Tel: 877-563-4164



LOAN SERVICING CHECKLIST

| The fol | lowi | ing documents are needed to complete the Loan Servicing Setup Package: | |
|---|--|---|--|
| | Loa | an Servicing Intake Form | |
| | | N – Social Security Number and DOB – Date of Birth for borrower and Co-borrower (if | |
| | | olicable) – Please note that boarding cannot happen without SSN and servicing cannot begin. | |
| | | by of the RESPA "goodbye" letter only needed for loans being transferred to MMS for | |
| | | vicing. (transferring servicer will provide to MMS for approval) | |
| | | TOS Spreadsheet completed with loan data. (provided by transferring servicer) | |
| | | Copy of the NOTE, Endorsements (Allonges) and RIDERS (if any). | |
| | Copy of the recorded MORTGAGE, DEED OF TRUST, SECURITY DEED or CONTRACT. | | |
| | Copy of the recorded ASSIGNMENT(S) (if any). | | |
| | Copy of the LOAN MODIFICATION or FORBEARANCE AGREEMENT (if any). | | |
| | ☐ Copy of the BANKRUPTCY PAPERS, only needed if the loan is in BK, and: | | |
| | 1. | Copy of Bankruptcy Petition or Docket. | |
| | 2. | Balance and next due date at time of BK filing date. | |
| | 3. | Copy of Proof of Claim with the breakdown. | |
| | 4. | Copy of Trustee's disbursement record for the pre-petition payments. | |
| | 5. | Balance and next post petition payment due date if the debtor is paying directly to the | |
| | | creditor. | |
| | 6. | Copy of Trustee's disbursement record for the post petition payments if the trustee is | |
| | | paying it. | |
| | 7. | Transfer of Claim filed in court showing MMS as the servicing agent. | |
| Optional ESCROW/IMPOUNDS service: When the borrower's monthly payment includes amounts for the payment of Property Taxes and/or Hazard Insurance, MMS will collect and hold those proceeds in a trust account and disburse the scheduled payments to the respective authority as scheduled. | | | |
| Additio | nal | documents and information for this service: | |
| *Witho | ut p | roper escrow documents, we cannot provide accurate escrow services* | |
| □ Evi | den | ce of INSURANCE. | |
| | • | Company and Contact Information | |
| | • | Policy Number. | |
| | • | Copy of the Policy. | |
| | • | Amount of the Premium (one annual disbursement). | |
| Пр | ROPI | FRTY TAXES | |

• Copy of Tax Assessment Bill