



# PMILoss Mitigator<sup>SM</sup> Fax Transmittal

Fax to: **PMI Claims Department**

Date:

Fax Number: **(925) 658-6570**

Lender Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Lender Phone Number:

PMI Certificate Number: \_\_\_\_\_

Lender Fax Number:

Number of Pages (including this page):

Lender Loan Number: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_

\_\_\_\_\_

Property Address: \_\_\_\_\_

## 1. Monthly Income Data

Description	Borrower Income	Co-Borrower Income	Total
Net Salary/Wages	\$ _____	\$ _____	\$ _____
Commission/Bonus	\$ _____	\$ _____	\$ _____
Other (Identify)	\$ _____	\$ _____	\$ _____
Total Net Income	\$ _____	\$ _____	\$ _____

## 2. Assets

## 3. Liabilities

Description	Estimated Borrower	Description	Monthly Payment	Balance Due
Home	\$ _____	Mortgage	\$ _____	\$ _____
Other Real Estate	\$ _____	Mortgage	\$ _____	\$ _____
Automobile	\$ _____	Alimony/Child Care	\$ _____	\$ _____
Automobile	\$ _____	Automobile	\$ _____	\$ _____
Checking Accts.	\$ _____	Automobile	\$ _____	\$ _____
Savings	\$ _____	Utilities(Total)	\$ _____	\$ _____
IRA/KEOGH Accts.	\$ _____	Credit Cards	\$ _____	\$ _____
401k/ESOP Accts.	\$ _____	Other(Identify)	\$ _____	\$ _____
Stocks/Bonds, CDs	\$ _____		\$ _____	\$ _____
Other Assets	\$ _____		\$ _____	\$ _____

Please briefly explain the reason for being delinquent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_