

LOSS RESERVE CLAIM APPLICATION

Participating Financial Institution / Participating Finance Lender / Successor Servicer Information

PFI/ PFL/Successor Servicer Name: _____

PFI/PFL/Successor Servicer Program Participation ID #: _____ Program ID#: _____

PFI/PFL/Successor Servicer Internal Loan ID#: _____ CHEEF Loan ID#: _____

(a) PFI/ PFL/Successor Servicer Contact Name: _____

(b) Address: _____ (c) Business Phone: _____ (d) Email: _____

Loan Information *(Please attach loan history report)*

(e) Original Total Loan Principal Amount: \$ _____ (f) Original Claim-Eligible Principal Amount of Loan: \$ _____

(g) Outstanding Total Principal Amount: \$ _____

(h) Outstanding Claim-Eligible Principal Amount at time of Charge-off: \$ _____ (j) Charge-off Amount: \$ _____

(i) Charge-off Date: _____ (k) Amount Recovered: \$ _____

(l) Is this loan secured? Yes No (m) If "Yes" have enforcement proceedings begun? Yes No

Claim Information

(n) Claim Amount: \$ _____ (o) PFI/ PFL/Successor Servicer Priority of Claim: _____
(If two or more claims are currently filed for this PFI, PFL or Successor Servicer)

Certifications of the Participating Financial Institution or Participating Finance Lender

Pursuant to Section 10091.9 of the Program regulations, by submitting this Loss Reserve Claim Application, the PFI, PFL, or Successor Servicer certifies that:

1. Notice of charge-off of this Enrolled Loan was filed with the Authority within 60 calendar days of the date the PFI, PFL, or Successor Servicer charged-off the loan; and,
2. The charge-off was made in a manner consistent with the PFI's, PFL's, or Successor Servicer's usual methods for taking action on loans which are not enrolled as Eligible Loans under the Program.
3. The PFI, PFL, or Successor Servicer will comply with reporting requirements on recoveries.

I, the undersigned, hereby certify that all of the information provided in this application is true and accurate to the best of my knowledge, and I am authorized to legally bind the PFI, PFL or Successor Servicer.

(p) Authorized Representative Signature: _____ (q) Date: _____

(r) Printed Name: _____ (s) Title: _____