

FORM 14.4 – Lender Estoppel Form

(date)

(lender rep. name, position)

(lender)

(address)

(city, state, zip)

RE: Mortgage Loan # _____;
Borrower Name: _____

Dear (name),

Please complete the following information (or a printout containing the same) and transmit it via fax to (your name) at (fax number), or by email to (email address) as soon as possible.

Original Loan Amount: \$ _____ Current Principal Balance: \$ _____

Principal/Interest Payment: \$ _____ Accrued Interest & Late Fees: \$ _____

Taxes / Insurance Payment: \$ _____ Legal Fees & Penalties: \$ _____

Total Monthly Payment: \$ _____ Interest Rate: _____ %

Type of Loan: ☐ Conventional ☐ FHA ☐ VA ☐ Other

Date of Original Loan: _____ Payment Due Date: _____

Current Escrow Balance \$ _____

Total Amount In Arrears \$ _____

Total amount needed to reinstate this loan \$ _____

This is true and accurate as of: _____

Signed: _____

Phone: _____

Thank you for your prompt assistance and attention in this matter.

Sincerely,

(borrower signature)

(borrower name)