



MyNationstar.com | P.O. Box 6501 | Springfield, OH 45501-6501

Borrower's Name
Co-Borrower's Name
Mailing Address
City, State, and Zip

Once funds are available and all required documents have been received and verified, an initial check will be issued and made payable to you, the contractor(s), and all payees listed on the original claim check from the insurance company.

Important information:

- If your loan is in good standing, your initial check amount will be up to the greater of \$40,000 or 10% of the Unpaid Principal Balance of your mortgage loan.
- If your loan is **not** in good standing (your loan payment is 31 days or more past due), your initial check amount will be for 25% of the claim amount with a maximum of \$10,000.

In order to receive the next claim check disbursement, 50% of the repairs must have been completed. To verify this, an inspection must be done. After the inspection request has been submitted, an inspection company will contact you to schedule your inspection. Once we receive the inspection results verifying repairs are at least 50% complete, a second check will be released and made payable to you, the contractor(s), and all payees listed on the original claim check.

Additional Important Information:

- If you are in good standing, your second check will be equal to 50% of the remaining claims funds that have yet to be paid.
- If you are **not** in good standing, (your loan payment is 31 days or more past due), your second check will be equal to 25% of the remaining claim funds yet to be paid.

To receive the final claim check, all repairs must be complete on the property and an inspection must be requested. After the inspection request has been submitted, an inspection company will contact you to schedule your inspection. Once we receive the inspection results verifying repairs are complete, a final check made payable to you, the contractor(s) and all payees listed on the original claim check will be released. At this point, the claim process will be complete.

What do I need to do?

Step 1 – To receive your first check, send all required documents and your endorsed check for a partial disbursement of your claim amount. Your check(s) and required documents listed above can be sent via regular mail or overnight mail using one of the addresses below. You may also fax us your documents to the fax number listed.

Regular Mail

Loss Drafts Department
PO Box 6501
Springfield, OH 45501

Overnight Mail

Loss Drafts Department
One Assurant Way
Springfield, OH 45505

Fax

Loss Drafts Department
Attn: Nationstar
866-411-8857

Step 2 – After you have received the first check and 50% of the repairs have been completed, you must request an inspection by calling 866-825-9302. Once the inspection has been completed and verified, a second check will be released.

Step 3 – After you have received the second check and all of the repairs have been completed and verified by an inspection, a final check will be released. This completes the claim process

If you have any questions, please call our Insurance Center toll free at 866-825-9302. Our hours of operation are 9am to 9pm (ET), Monday through Thursday, 9am to 7pm (ET), Friday, and 9am to 3pm (ET) on Saturday.

Sincerely,

Nationstar Mortgage LLC
Loss Drafts Department

CONTRACTOR'S WAIVER of LIEN

If you are working with multiple contractors, each one must complete this form.
To avoid delays please complete this form in its entirety before submitting it.

Claim Number: _____

Borrower Name: _____ Contractor/Company Name: _____

Co-borrower Name: _____ Contractor/Company Officer Name: _____

Borrower Address: _____ Contractor/Company Address: _____

City State Zip City State Zip

Borrower Phone Number: _____ Contractor/Company Phone Number: _____

Contractor declaration:

Conditional upon payment of \$ _____, all claims(s) of lien for labor and/or materials will be waived (must match dollar amount on contractor's contract).

I, the undersigned contractor, hereby declare that I am duly licensed under applicable laws and regulations, all liens will be waived upon payment as noted, I am qualified and experienced to perform the type of work contracted, financially able to complete the repair or reconstruction within scheduled time frames, will comply with applicable codes and regulations governing residential repair or reconstruction (including, but not limited to, building codes and zoning, permit and inspection regulations), and I will be repairing damage at the property listed above as reported in the insurance adjuster's report unless specifically noted.

Contractor/Company officer signature: _____ Title: _____

Contractor/Company name (please print): _____ Date: _____

Borrower to complete: (By signing below, you indicate that you agree with the above information.)

Borrower signature: _____ Date: _____

Co-borrower signature: _____ Date: _____

Once you and your contractor(s) have completed this form please return it to us by mail or fax to:

Regular Mail

Nationstar Mortgage
Loss Drafts Department
PO Box 6501
Springfield, OH 45501

Overnight Mail

Nationstar Mortgage
Loss Drafts Department
One Assurant Way
Springfield, OH 45505

Fax

Loss Drafts Department
Attn: Nationstar Mortgage
866-411-8857

CONTRACTOR ACKNOWLEDGEMENT OF PAYMENT PROCEDURES

RE: Mortgage Loan Number: Loan Number

Property Address: Property Address, City, State, and Zip

I have a signed contract with Borrower's Name, Co-Borrower's Name for repairs of the building situated on the premises at Property Address, City, State, and Zip.

I understand and agree to the following:

1. The claim funds received from the insurance company are less than the amount agreed to by the homeowner on our signed contract.
2. The homeowner is responsible for any expenses incurred in excess of the insurance proceeds.
3. Nationstar releases draws based on inspection results and will not release the final draw until at least 90% of the repairs have been completed.

Signed this _____ day of _____, AD 20_____

Contractor/Company Name

By: _____ Title: _____

Return to:

Nationstar Mortgage LLC
Attn: Insurance Loss Department **OR**
PO Box 6501
Springfield OH 45501-6501

Nationstar Mortgage LLC
Attn: Insurance Loss Department
One Assurant Way
Springfield, OH 45505

Fax: 1-866-411-8857



Acceptance of Overnight Delivery Services

To be completed by: Homeowner(s)

Our standard mail delivery method for returning Loss Draft checks to you is via regular mail through the United States Postal Service. For your convenience, we do offer the option of reduced rate overnight shipping for expedited delivery of your claim funds, at an additional fee.

If you would like to take advantage of this service, please select from **one** of the following:

_____ Please enclose a check or money order in the amount of \$10.00 made payable to Return Services for **one** overnight return service of your claim check (s).

_____ Please enclose a check or money order in the amount of \$30.00 made payable to Return Services for the overnight return services of **all** disbursements of claim funds for the duration of the monitored claim.

Note: Overnight shipments cannot be shipped to a Post Office Box.

Return completed form to:

Regular Mail

Nationstar Mortgage LLC
Attn: Return Services
PO Box 6501
Springfield, OH 45501-6501
Fax number: 1-866-411-8857

Overnight

Nationstar Mortgage LLC
Attn: Return Services
One Assurant Way
Springfield, OH 45505

Loan Number: _____

Borrower(s) Name: _____

Overnight Mailing Address : _____

Phone Number: (____) _____ - _____

Borrower Signature: _____

Co-Borrower Signature: _____

Date: _____



Third Party Authorization

Please initial each applicable line:

____ Authorization for Nationstar Mortgage LLC to release claim information, request inspections, and work directly with the named party in connection with all aspects of processing of the claim, including disbursement of claim funds, other than homeowner.

____ Authorization for Nationstar Mortgage LLC to mail disbursements to named party, other than homeowner.

Nationstar Loan Number: _____

Borrower(s) Name: _____

Property Address: _____

Authorized Party: _____

Phone Number: _____

Address: _____

NOTE: Account information such as payment status, loan type, etc., is not included within this authorization. This authorization will become effective as of the date signed and will terminate at which time the claim has been completed and closed by Nationstar Mortgage LLC.

(Primary Borrower's Signature)

(Date)

(Co-Borrower's Signature)

(Date)

Return to: Regular Mail:
Nationstar Mortgage LLC
Loss Draft Correspondence
P.O. Box 6501
Springfield, OH 45501-6501

Overnight Mail:
Nationstar Mortgage LLC
Loss Draft Correspondence
One Assurant Way
Springfield, OH 45505

Fax number: 1-866-411-8857



Request for Taxpayer Identification Number and Certification

Loan Number:	Property Address:
Borrower Name:	
Co-borrower Name:	City State Zip
Social Security Number (SSN) _____ or Employer Identification Number (EIN) _____	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
Legal Name:	
Business Name:	
Entity Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Exemptions Exempt Payee code: (if any) (from backup withholding) Exemption from FATCA reporting code (if any):
Contact Information	
Legal Address:	Name:
	Email address:
City: State: Zip:	Business Phone:
Remittance Address:	Fax Number:
	Mobile Phone:
City: State: Zip:	Alternate Phone:
Section 2. Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.	
Printed Name:	
Signature:	Date:

Once you and your contractor(s) have completed this form please return it to us by mail or fax to:

Regular Mail

Insurance Claims Processing
 Nationstar Mortgage LLC
 P.O. Box 6501
 Springfield, OH 45501-6501

Overnight Mail

Insurance Claims Processing
 Nationstar Mortgage LLC
 One Assurant Way
 Springfield, OH 45505

Fax

Insurance Claims Processing
 Nationstar Mortgage LLC
 Attn: Loss Drafts Department
 (866) 411-8857