	BANKRUPTCY COURT TRICT OF NEW YORK	
In re:	Debtor(s).	Case No. Chapter
LOSS MITIGA	TION REQUEST BY CREDIT	TOR AND CERTIFICATE OF SERVICE
PROCEDURES, SERVICE OF TO MITIGATION REMITIGATION ROBJECTION TO OBJECTION TO	THE ABOVE-CAPTIONED IN THE ABOVE-CAPTIONED IN HIS REQUEST AND A NOTICE OF EQUEST ON THE CREDITY LOSS MITIGATION REQUEST	URT'S LOSS MITIGATION PROGRAM DEBTOR(S) HAS/HAVE 14 DAYS FROM ND SERVE AN OBJECTION TO LOSS OF HEARING ON OBJECTION TO LOSS OR AND THE CASE TRUSTEE. IF AN JEST AND A NOTICE OF HEARING ON JUEST ARE NOT FILED, THE COURT.
I am/repres	ent a Creditor (including a hol	der, servicer or trustee of a mortgage or lien
secured by Propert	y used by the Debtor(s) as a pri	incipal residence) of the Debtor(s). I/Creditor
hereby requests to	enter into the Loss Mitigation Pr	ogram with respect to:
Property Addre	ess:	
With respect to the	Property, I am/Creditor is the he	older of a:
	First Mortgage	
	Second Mortgage	
	Other (please specify):	·
Signature:		
Lunderstand	d that if the court orders Loss M	litigation in this case. I am required to comply

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with the Loss Mitigation Program Procedures and will participate in good faith. I agree that I

will not require the Debtor(s) to request or cause dismissal of this case as part of any

resolution or settlement that is offered or agreed to during the Loss Mitigation Period. I also understand that if a Loss Mitigation Order is entered, I am responsible pursuant to section VII(B) of the Loss Mitigation Program Procedures for adjourning any matters pending between the Loss Mitigation Parties for which I am the movant.

Dated:		
	Creditor Name	
	By:	
	Printed Name	
	Title	
Loss Mitigation Contact Information for At	torney for Creditor:	
Name:		
Title:		
Firm:		
Address:		
Address 2:		
City:		Zip Code:
Phone No.:	Facsimile No.:	
Email Address:		
Name of the Creditor representative in-hou the Creditor's behalf with respect to the Loa		nent authority to act on
Name:		
Title:		
Phone No.:		

CERTIFICATE OF SERVICE

Ι,	, state under penalty of perjury that the
following is true and	
	ot a party to this action, am over 18 years of age, and reside in, New York.
	, 20, I served a true and accurate copy of the Request by Creditor—
•	electronic filing (NEF) via the CM/ECF system upon the following nail addresses listed below:
—by first cla	mail upon the following parties at the addresses listed below:
—by certified	nail upon the following parties at the addresses listed below:
Dated:	, 20 , New York
	Name
Sworn to before me	s
day of	, 20
Notary Public, State	New York