



## RESIDENTIAL PROPERTY TAX ARREARS COVERAGE CLAIM FORM

### FOR PROMPT PROCESSING OF YOUR CLAIM, PLEASE:

1. Answer all questions on this report and return to address as noted above.
2. Provide a copy of the mortgage loan application, mortgage document, statement of account, tax bill for each year of arrears, statement of adjustments (following sale of property).

CLIENT NO: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 CREDIT UNION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

### TAX ARREARS

When did the tax payment go into arrears? \_\_\_\_\_

When did you become aware that taxes on this property were in arrears? \_\_\_\_\_

What action did you take upon becoming aware of the arrears? \_\_\_\_\_

When was this action commenced? \_\_\_\_\_

At that time, what position was the mortgage in?

- Current     Default     Power of Sale     Foreclosure     Other, please explain

### TELL US THE MORTGAGE LOAN DETAILS

Date mortgage loan was granted: \_\_\_\_\_

Date of last payment: \_\_\_\_\_ Amount of loan: \_\_\_\_\_

Residential Property Tax Arrears Coverage is underwritten by CUMIS General Insurance Company and provided to credit unions through the Credit Union Insurance Services program.

**PLEASE COMPLETE REVERSE**

**PLEASE PROVIDE THE DETAILS OF THE LOSS:**

Please calculate the following as of the date the sale proceeds are finalized:

Net proceeds from the sale of property		\$ _____
Less: Outstanding mortgage balance	\$ _____	
Tax arrears paid out	\$ _____	
Subtotal	\$ _____	
Total Net Loss		\$ _____

**DESCRIBE THE PROPERTY:**

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

Occupancy: (ie, single family dwelling, office, mobile home, etc.) \_\_\_\_\_

Appraised value prior to damage: Building \$ \_\_\_\_\_ Land \$ \_\_\_\_\_

**PROVIDE THE DEBTOR'S PROFILE FOR US TO ASSESS POSSIBLE COLLECTION ACTIVITY:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ List Credit References and Account Nos.: \_\_\_\_\_

Driver's License: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

(Month/Day/Year)

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

Has debtor filed for bankruptcy?  YES  NO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED**