

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

Plaintiff
vs.

Defendant

Case Number

File Stamp Here

LOSS MITIGATION AFFIDAVIT

I _____, hereby state as follows:
Affiant

I am employed as _____ of _____, the
Job Title Company Name
mortgagee as defined in section 15-1208 of the Illinois Mortgage Foreclosure Law for the residential mortgage loan that is the subject of the pending foreclosure case, and I am authorized to act on behalf of plaintiff.

With respect to the subject mortgage loan, my employer is the appropriate entity to extend loss mitigation, if any, to the mortgagor(s), as defined in Section 15-1209 of the Illinois Mortgage Foreclosure Law.

I have performed or caused to be performed a review of the records maintained in the ordinary course of the business of my employer relating to the subject mortgage loan, and based upon that review:

The subject mortgage loan is eligible for the following loss mitigation Programs ¹:

¹ Identify here all applicable loss mitigation programs including but not limited to those available under the Making Home Affordable Program, the 2012 National Attorney General Settlement, or the FHA, VA, or USDA insured-loan programs. Also identify any "in-house" loss mitigation regularly provided by the mortgagee for a mortgage loan of this type. "Eligible" means the loan is eligible to be considered under such programs because it meets the threshold requirements; eligible does not mean that a loss mitigation alternative to foreclosure is guaranteed.

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For each of the programs listed above, the following steps have been taken by the mortgagee to comply with its obligations under such program:

For each of the programs listed above, the current status of the loss mitigation effort is as follows:

The above is true and accurate to the best of my personal knowledge and based upon my review of the records as set forth above.

Affiant states nothing more.

By: _____

Subscribed and sworn to before me this

_____ day of _____, _____

By _____
Notary Public

State of _____

My Commission expires: _____, _____

Personally Known _____ OR Produced Identification _____

Type of identification produced: _____