



MORTGAGE

1 Mortgage Way, Mount Laurel, NJ 08054

SHORT SALE REQUEST FORM

Borrower Name: _____

Co-Borrower Name: _____

Property Address: _____

City, State, Zip: _____

Loan Number: _____

SKEY Number: _____

Estate Representative Name: _____

Phone: _____

Email: _____

Realtor Name: _____

Phone: _____

Email: _____

By signing this form, I am requesting PHH Mortgage Services to explore a short sale as repayment for the above referenced reverse mortgage loan. PHH reserves the right to submit the property to foreclosure at any time. Signing this request does not guarantee the successful completion or approval of a short sale.

Required Signature(s):

X

Borrower or Estate Representative (print and sign)

Date

Borrower or Estate Representative (print and sign)

Date

This communication is from a debt collector attempting to collect a debt; any information obtained will be used for that purpose. However, if the debt is in active bankruptcy or has been discharged through bankruptcy, this communication is provided purely for informational purposes only with regard to our secured lien on the above referenced property. It is not intended as an attempt to collect a debt from you personally. As may be required by state law, you are hereby notified that a negative credit report reflecting on an accountholder's credit record may be submitted to a credit reporting agency if credit obligation terms are not fulfilled.