



Dear Customer,

Nationstar Mortgage LLC has been advised that you have recently experienced a loss to your property. To ensure that we are able to provide prompt release of insurance claim funds, the following documents will need to be filled out and returned to the Loss Drafts Department:

- ❑ INTENT TO REPAIR DOCUMENT – This is a document that tells us you plan to repair the property using the insurance claim funds.
- ❑ INSURANCE COMPANY ADJUSTER’S WORKSHEET – This is sometimes referred to as the adjuster’s estimate, adjuster’s summary, or scope of repairs. It provides a breakdown of the damage to the property and the insurance company’s estimate of the amount of money it will take to complete the repairs. **Note: All pages are required.**
- ❑ SIGNED CONTRACT/PROPOSAL – This is the contract between you and the contractor completing the repairs. It must list the property address, a description of the repairs being completed, and the dollar amount that you have agreed upon. Both you and your contractor must sign this document. **Note: If the amount of the contract is more than the loss draft claim funds, your contractor must complete the Contractor Acknowledgement of Payment Procedures form provided in this package.**
- ❑ CONDITIONAL WAIVER OF LIEN – This is a form to be completed by the contractor completing the repairs, and is the contractor's promise to not place a lien on the property for any *other* reason than non-payment. **Note: All blanks must be completed, and the amount listed on the Conditional Waiver of Lien must match the amount on the signed contract, as that is the base amount that the contractor is promised to receive.**
- ❑ COPY OF CONTRACTOR’S LICENSE OR BOND– This is a document supplied by the licensing board for your state to your contractor. Please advise your contractor to provide a copy of this document or to list their license number in the field provided on the Conditional Waiver of Lien. Note, if there is no licensing or certification requirement to complete the repairs in your state, a written statement from the jurisdiction where your property is located may be submitted instead.
- ❑ INSURANCE CLAIM CHECK – The check issued from the insurance company for repairs to your property. **All parties listed as a payee must endorse the check.**
- ❑ BUILDING PERMITS – This is a written authorization produced by the local government to construct a building or make improvements. All claims over \$25,000



require either a copy of the permit **or** a letter from the local government stating a permit is not required.

- ❑ CERTIFICATE OF COMPLETION – This is a document that shows you agree that the work is complete and you are happy with the results. You must complete this form once repairs are 100% complete. **Note, this form is only required if you cannot sign the Final Inspection Results form.**
- ❑ CONTRACTOR’S W-9 – This is a tax form used to identify the contractor and is needed before any disbursements will be issued payable to you and your contractor.

Upon receipt of the insurance claim check, it will be deposited into an account established for repairs to the property. Once funds have been confirmed available and all documents have been received and verified as correct, an initial draw will be disbursed in the amount of one-third of the total claim proceeds. All drafts will be payable to you, the borrower, and your contractor until the contract is paid-in-full. **All repairs must be completed by a licensed contractor; private repairs are not permitted.** All insurance checks will be sent to your mailing address on file via regular mail unless you **(a)** use the Return Service option presented in this package or **(b)** provide a prepaid mailer (with a label printed by an overnight carrier) that lists your contact information as both the shipper and receiver. **No prepaid mailer will be used that lists the Loss Drafts Department or Nationstar Mortgage LLC as the shipper.**

An inspection is required when repairs are 50% complete; when 50% completion is confirmed, one-half of the remaining claim funds will be released. Another inspection is required when repairs are 100% complete with no structural work remaining; after 100% completion is confirmed, all of the remaining claim funds will be released. Inspections will be charged at a cost of \$35 each as an advance on your mortgage, and will appear on your monthly statement. Please contact our office to order these inspections. A representative will contact you to schedule an appointment to inspect the property.

If an attorney or public adjuster has been included as a payee on your claim check, please contact our office for an important notice.

If you have any questions, please feel free to call us toll-free at 1-866-825-9302 between 9:00 am and 6:00 pm EST. Any documents and correspondence may be faxed to us at 1-866-411-8857. **Please include your loan number on any and all faxes sent to us.**

Please mail all checks and correspondence to:

Regular Mail:
Nationstar Mortgage LLC
Attn: Loss Drafts
P.O. Box 6501

Overnight Mail:
Nationstar Mortgage LLC
Attn: Loss Drafts
1 Assurant Way



Springfield, OH 45501-6501

Springfield, OH 45505

Respectfully,

Loss Draft Department
Nationstar Mortgage LLC

Enclosed: Intent to Repair Document
 Conditional Waiver of Lien
 Certificate of Completion
 Contractor Acknowledgement of Payment Procedures
 W-9
 Return Services Acceptance



Certification of Intent to Repair

Nationstar Loan Number:

Property Address:

I (We) hereby certify that all _____ claim funds
(Name of Insurance Company issuing check)

will be used to repair the _____
(Cause of Loss)

damage to the above referenced property that occurred on _____, 20____, and
that the repairs will be made in a workmanlike manner and that no material or labor liens will
occur as a result of the labor performed or materials used.

(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



CONTRACTOR'S CONDITIONAL WAIVER OF LIEN

RE: Loan Number:

Property Address:

Conditional upon payment of: \$ _____, the undersigned hereby agrees to release and/or waive any and all claims for labor and/or materials used in the construction, erection, and/or alteration of the building situated on the premises known as:

Property Address: _____

And same being owned by: _____

Signed this _____ day of _____, AD 20____.

Contractor/Company Name

Contractor License #

By: _____

Title: _____

Return to:
Nationstar Mortgage LLC
PO Box 6501
Springfield, Ohio 45501-6501

Fax: 1-866-411-8857



CERTIFICATION OF COMPLETION OF REPAIRS

RE: Loan Number:

I (We) hereby certify that all necessary repairs resulting from _____
(type of damage)

damage sustained on _____ to the property located at
(date of loss)

(property address)

have been completed in a workmanlike manner and that no materials, labor or like liens have been or will be incurred as a result of labor performed or materials used. Subject property has been restored to the condition existing prior to the date of damage.

(Borrower) (date)

(Co-borrower) (date)

Return To:

Nationstar Mortgage
Attn: Loss Draft Correspondence
PO Box 6501
Springfield, OH 45501-6501

or

Nationstar Mortgage
Attn: Loss Draft Correspondence
One Assurant Way
Springfield, OH 45505

FAX: 1-866-411-8857



CONTRACTOR ACKNOWLEDGEMENT OF PAYMENT PROCEDURES

RE: Loan Number:

I have a signed contract with: _____ for
repairs of the building situated on the premises at:

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 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



Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number										

Part II 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 below).

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. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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: _____