

**FILING REQUIREMENTS FOR SUPPLEMENTAL CLAIMS**

- *Supplemental requests on paid claims must be submitted with complete documentation, within 90 days of claim payment.*
- *Each request must contain a written explanation of why an additional amount should be paid.*
- *Each request must be accompanied by documentation to support the request, including, but not limited to: A current payment history, a current correspondence (diligence) history and any other documentation to support the supplemental request.*

|  |                           |  |               |  |
|--|---------------------------|--|---------------|--|
| <b>I. BORROWER INFORMATION</b>   |                           | Social Security Number:                |               |  |
| Last Name  | First Name                | MI                                     | AKA           |  |
|  |                           |  |               |  |
| <b>II. LOAN INFORMATION</b>  |                           |  |               |  |
| Loan Type  | 1 <sup>st</sup> Disb Date | Total Disb                             | Int Rate/Type |  |
|  |                           |  |               |  |
| <b>III. CLAIM ADJUSTMENT INFORMATION</b>   |                           | Date of Claim Payment Check:           |               |  |
| Original Principal Claimed by Lender   |                           | Anticipated Interest Claimed by Lender |               |  |
| Actual Principal Paid by ECMC  |                           | Actual Interest Paid by ECMC           |               |  |
| Supplemental Principal Request   |                           | Supplemental Interest Request          |               |  |
| <b>IV. REASON FOR REQUEST (check one)</b>  |                           |  |               |  |
| Claim paid with incorrect principal balance  |                           | Interest denial disputed               |               |  |
| Claim paid with incorrect interest paid to date  |                           | Borrower check returned (NSF)          |               |  |
| Other  |                           |  |               |  |
| <b>FULL EXPLANATION OF REQUEST:</b>  |                           |  |               |  |
|  |                           |  |               |  |
|  |                           |  |               |  |
|  |                           |  |               |  |
|  |                           |  |               |  |
| <b>V. CERTIFICATION</b>  |                           | Lender ID#:                            | Servicer ID#: |  |
| Servicer Name  |                           | Servicer Address                       |               |  |
| Signature  |                           | Date                                   |               |  |
| Name and Title   |                           | Phone # (     )                        |               |  |
| <b>FOR ECMC ONLY</b>   |                           |  |               |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified           Principal Paid _____           Interest Paid _____ |                           |  |               |  |