

RE-AMORTIZATION ELIGIBILITY REQUEST FORM

Loan number: __

equest to our Special Loans Department for a revi	iew of your loan and specific investor	r guidelines to determine if your loan is eligible.
Please PRINT (for multiple mortgage loan accounts use separate forms):		
irst name	Middle name	Last name
Daytime phone number (with area code)		
mail address		
amount to be applied to the principal (if applicable) s	\$	
	explain your options. If you decide	to proceed, Flagstar Bank will charge a \$300
e-amortization fee for this service.		
y signing this form, I authorize Flagstar Bank to revi		
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Pur Special Loans Department will contact you to e-amortization fee for this service. By signing this form, I authorize Flagstar Bank to review or signature		is eligible for re-amortization.

Once completed and signed, please mail or fax to:

IMPORTANT:

Mail: Flagstar Bank | Special Loans Department Mail Stop E-165-3 | 5151 Corporate Dr. Troy MI 48098-2639

Email: SpecialLoans@flagstar.com Fax: (888) 466-6854

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