

DATE: [Current Date]

TO:

[Borrower Name]
[Property Address]
[City, State, Zip Code]

RE: REINSTATEMENT QUOTE

Loan Number: [Loan Number]
Property Address: [Property Address]
Foreclosure Sale Date: [Sale Date]

Dear [Borrower Name],

Pursuant to your request, below is the total amount required to reinstate your mortgage loan and stop the foreclosure sale scheduled for [Sale Date]. This quote is valid through [Expiration Date].

Past Due Principal and Interest	[\$[Amount]]
Late Charges	[\$[Amount]]
Property Inspection/Preservation Fees	[\$[Amount]]
Corporate Advances (Taxes/Insurance)	[\$[Amount]]
Legal Fees and Foreclosure Costs	[\$[Amount]]
Other Miscellaneous Fees	[\$[Amount]]
TOTAL REINSTATEMENT AMOUNT	[\$[Total Amount]]

Instructions for Payment:

- Payment must be received in our office no later than 5:00 PM on [Expiration Date].
- Funds must be in the form of a Certified Check, Cashier's Check, or Wire Transfer.
- Make funds payable to: [Lender/Service Name].
- Include your loan number on the payment instrument.

Please note that if the full amount is not received by the expiration date, additional fees and interest will accrue, and the foreclosure process will proceed as scheduled.

Sincerely,

[Name of Representative]
[Department Name]
[Company Name]
[Phone Number]