

[Date]

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

RE: REINSTATEMENT QUOTE

Loan Number: [Loan Number]
Property Address: [Property Address]
Expiration Date: [Quote Expiration Date]

Dear [Borrower Name],

Pursuant to your request, below is the total amount required to reinstate your mortgage loan and bring your account current as of [Date].

REINSTATEMENT BREAKDOWN:

- Monthly Payments ([Start Date] to [End Date]): \$[Amount]
- Accrued Late Charges: \$[Amount]
- Corporate Advances/Property Inspections: \$[Amount]
- Foreclosure Attorney Fees and Costs: \$[Amount]
- Other Fees (Property Preservation/NSF): \$[Amount]
- **TOTAL REINSTATEMENT AMOUNT: \$[Total Amount]**

This quote is valid through [Quote Expiration Date]. After this date, additional fees and interest may accrue, and a new quote must be requested. Funds must be received by our office no later than 5:00 PM on the expiration date.

PAYMENT INSTRUCTIONS:

Payment must be made in **certified funds** (Cashier's Check or Money Order). Personal checks will not be accepted. Please make the funds payable to [Lender/Service Name] and include your loan number on the payment.

DELIVERY ADDRESS:

[Lender/Service Name]
Attn: Reinstatement Department
[Mailing Address]
[City, State, Zip Code]

Upon receipt and verification of the total reinstatement amount, the foreclosure proceedings will be suspended, and your loan will be returned to active status.

If you have any questions, please contact our Loss Mitigation Department at [Phone Number].

Sincerely,

[Sender Name/Department]

[Lender/Service Name]