[Date]

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

RE: Notice of Right to Appeal Loss Mitigation Decision
Loan Number: [Insert Loan Number]

Dear [Borrower Name],

On [Date of Decision Letter], we sent you a letter regarding your application for loss mitigation assistance. This notice is to inform you of your right to appeal the denial of certain foreclosure prevention options.

Reason for Denial:
Your application for [Specific Loan Modification Program Name] was denied for the following reason(s):
[Insert Specific Reason for Denial].

Your Right to Appeal:
You have the right to request an independent review of our decision. To exercise this right, you must submit your appeal in writing within 14 calendar days from the date of this letter.

How to Submit an Appeal:
Your written appeal must include your name, loan number, and a statement explaining why you believe the initial decision was incorrect. You may also provide supporting documentation. Please send your appeal to:

[Servicer Name]
Attn: Appeals Department
[Mailing Address]
[City, State, Zip Code]
Fax: [Fax Number]
Email: [Email Address]

The Review Process:
Once we receive your appeal, it will be reviewed by personnel who were not involved in the initial decision. We will provide you with a written response regarding our final determination within 30 days of receiving your appeal.

Please note that if a foreclosure sale is scheduled, we will not proceed with the sale while your appeal is pending, provided your appeal was submitted within the required timeframe.

If you have any questions, please contact our Customer Service Department at [Phone Number] between the hours of [Hours of Operation].

Sincerely,

[Name of Servicer Representative]
[Title]
[Servicer Name]