DATE: [Current Date]

TO:
[Borrower Name]
[Co-Borrower Name]
[Mailing Address]
[City, State, Zip Code]

RE: REINSTATED QUOTE FOR LOAN NUMBER: [Loan Number]

Dear [Borrower Name],

This letter is in response to your request for a reinstatement quote regarding the above-referenced mortgage loan. Please be advised that the loan is currently in post-acceleration status. To bring your loan current and stop any further legal action or foreclosure proceedings, you must pay the total reinstatement amount listed below.

REINSTATEMENT FIGURES:

The following figures are valid through [Expiration Date]:

- Past Due Monthly Payments: $[Amount]
- Accrued Late Charges: $[Amount]
- Foreclosure Legal Fees: $[Amount]
- Property Inspection/Preservation Fees: $[Amount]
- Corporate Advances/Other Costs: $[Amount]
- **TOTAL REINSTATEMENT AMOUNT: $[Total Amount]**

PAYMENT INSTRUCTIONS:

Payment must be made in **certified funds** (Cashier's Check or Money Order) made payable to: **[Lender/Servicer Name]**.

Please deliver payment to the following address:
[Lender Name]
Attn: [Department Name]
[Payment Address]
[City, State, Zip Code]

IMPORTANT NOTICES:

1. This quote is only valid until the expiration date listed above. If payment is received after this date, additional interest, fees, and costs may apply.
2. Any funds received that are less than the total amount required for reinstatement may be returned or placed in a suspense account and will not stop foreclosure proceedings.

3. Upon receipt and clearance of the full reinstatement amount, your loan will be returned to active status and the acceleration will be rescinded.

If you have any questions regarding these figures, please contact our Loss Mitigation Department at [Phone Number] during normal business hours.

Sincerely,

[Sender Name/Representative]
[Lender/Servicer Name]