

SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: [Date]

Mortgage Loan Number: [Primary Loan Number]

Linked Account Number: [Linked Account/Line of Credit Number]

TO:

[Borrower Name]

[Co-Borrower Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF DEFAULT AND INTENT TO ACCELERATE

Dear [Borrower Name],

This letter serves as formal notice that you are in default of your mortgage obligations under the terms of the Security Instrument and Note dated [Date of Original Mortgage].

1. Nature of Default:

The default has occurred due to non-payment of monthly installments. Because your accounts are linked under a [Cross-Collateralization / Tie-In] agreement, a default on account [Linked Account Number] constitutes a default on account [Primary Loan Number].

2. Action Required to Cure:

To cure this default, you must pay the total past due amount listed below:

- Past Due Principal and Interest: \$[Amount]
- Late Charges: \$[Amount]
- Escrow Shortage/Fees: \$[Amount]
- **TOTAL AMOUNT TO CURE: \$[Total Amount]**

3. Deadline to Cure:

The total amount must be received by [Lender Name] no later than [Date - typically 30 days from notice], by 5:00 PM local time.

4. Consequences of Failure to Cure:

If the full amount required to cure is not received by the deadline stated above, [Lender Name] may take the following actions without further notice:

- Accelerate the entire remaining balance of the loan, making the full principal and interest immediately due and payable.
- Commence foreclosure proceedings to sell the property located at [Property Address].
- Apply any linked deposits or assets to the outstanding debt as permitted by your agreement.

5. Your Rights:

You have the right to reinstate the loan after acceleration and the right to assert in the foreclosure proceeding the non-existence of a default or any other defense you may have to acceleration and sale.

Please send certified funds payable to [Lender Name] at the address listed below. If you are experiencing financial hardship, please contact our Loss Mitigation Department immediately at [Phone Number].

Sincerely,

[Authorized Signatory Name]

[Lender Name]

[Lender Address]

[Lender Phone Number]