

Claim for Reimbursement

Initial Claim
 Supplemental Claim
 Final Claim
 Date: _____
 AHFC No.: _____
 Servicer No.: _____
 Phone: _____
 Servicer: _____
 Borrower: _____
 Contact Name: _____
 Signature: _____

AHFC Only DS Code	Liquidation & Acquisition Expenses	Servicer Amt. Claimed	AHFC Only Exp. Approved
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Legal Fees

_____	Non-Judicial Fee	_____	_____
_____	Bankruptcy Clearance Fee	_____	_____
_____	Deed-in-Lieu Fee	_____	_____
_____	Forcible Entry & Detainer Fee	_____	_____
_____	Suit on Note Fee	_____	_____
_____	Repossession Fee	_____	_____
_____	Other (Please Describe Below)	_____	_____

Legal Costs

_____	Postponement Costs	_____	_____
_____	Court Filing Costs	_____	_____
_____	Trustee's Sale Guaranty Cost	_____	_____
_____	<input type="checkbox"/> Owner's Policy <input type="checkbox"/> Publication	_____	_____
_____	Other (Please Describe Below)	_____	_____

Taxes and Insurance

_____	Prop Taxes From _____ to _____	_____	_____
_____	MI Insurance	_____	_____
_____	Hazard Ins From _____ to _____	_____	_____
_____	S/S Force Placed From _____ to _____	_____	_____
_____	Other (Please Describe Below)	_____	_____

Condo Dues/HOA Dues/Special Assessments/Space Rent

_____	Condo/HOA Dues From _____ to _____	_____	_____
_____	Special Assess From _____ to _____	_____	_____
_____	Mobile Space Rent From _____ to _____	_____	_____

AHFC Only DS Code	Utilities/Property Preservation/Property Valuation	Servicer Amt. Claimed	AHFC Only Exp. Approved
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_____	Electricity Consumption	_____	_____
_____	Electricity Hook-up/Deposit	_____	_____
_____	Gas Consumption	_____	_____
_____	Water/Sewer Consumption	_____	_____
_____	Fuel Consumption	_____	_____
_____	Other (Please Describe Below)	_____	_____
_____	Locksmith/Secure	_____	_____
_____	Cleaning/Trash Removal	_____	_____
_____	<input type="checkbox"/> Snow Removal <input type="checkbox"/> Yard Maintenance	_____	_____
_____	Repairs: Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	Winterization	_____	_____
_____	Other (Please Describe Below)	_____	_____

Total Expenses _____

Credits/Income

_____	Escrow Balance at LPI	_____	_____
_____	Unapplied/Irregular/Suspense	_____	_____
_____	Rent Received (Attach Form SER-70-1)	_____	_____
_____	Hazard Ins Refund From _____ to _____	_____	_____
_____	Other (Please Describe Below)	_____	_____

Total Credits _____

Total Claim for Reimbursement _____

Line Items With Multiple Invoices

Complete this page if any of the single line item amounts listed on page 1 is a sum of multiple invoices added together. The page 1 line item amount must be listed here with the amounts from the individual invoices that make up the combined line item total listed on page 1.

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Item : _____

Invoice #1: _____

Invoice #2: _____

Invoice #3: _____

Invoice #4: _____

Invoice #5: _____

Invoice #6: _____

Total: _____

Instructions for Claim for Reimbursement (Form SER-70)

Purpose: To request reimbursement for expenses incurred on Real Estate Owned properties.

Distribution: Prepared by the Servicer and sent to AHFC's Servicing Department.

1. When submitting the *Claim for Reimbursement* (Form SER-70), the following must also be maintained in the Servicer's file:
 - a. Submit copies of paid invoices. Items verified by the mortgage loan history, such as property taxes, hazard insurance, mortgage insurance, etc. paid form reserves do not require copies.
 - b. Keep backup documents in order by their entry on Form SER-70, with clear indication of amounts combined into a single line item on the form.
 - c. The first request for reimbursement must include details of all activity in the reserve account since the last paid installment. A legend sheet describing your institution's codes used in reserve accounting should be available.
2. The following items are to be shown as credits on Form SER-70:
 - a. **Reserve Balance:** The reserve balance listed on Form SER-70 should be as of the "Last Paid To" date of the loan unless the reserve balance on that date was in a negative status. If the reserve balance was negative, the last paid-to date showing on *positive* balance is to be listed. Any expenses disbursed prior to this date are not reimbursable to the Servicer. Taxes, hazard insurance and MI premiums paid after that date are reimbursable; however, they are to be listed in the correct category.

Any other expense items paid by the Servicer *may* not be paid from the reserve balance unless the Servicer advances funds on a daily basis and expenses are included in the appropriate category on Form SER-70.
 - b. **Credit Items:** All credit items, such as rent, receipts, hazard insurance refunds, hazard insurance proceeds, etc. should be listed on Form SER-70.

All rent receipts will be reported on the *Claim for Reimbursement – Rents Collected* (Form SER-70-1) as an addendum to Form SER-70. This form must support the rent amount listed in the credits/income section on Form SER-70.

Note: If the net result of the Form SER-70 is a credit balance, a check must be attached for the total.
3. Page 2 should be completed if any of the single line item amounts listed on page 1 is a sum of multiple invoices added together. The page 1 line item amount must be listed here with the amounts from the individual invoices that make up the combined line item total listed on page 1.
4. Please use caution in preparing Form SER-70. If the claim is denied in part or in full, the Servicer will be required to resubmit Form SER-70A with supporting documentation.

Failure to submit the final request for reimbursement within the Servicer guidelines may result in the request being denied.