



### Request for Reinstatement of Guarantee

As an employee of

NAME OF LENDER		
STREET ADDRESS		
CITY	STATE	ZIP

I hereby certify that the following cure procedure has been performed in order to allow reinstatement of guarantee for the loan(s) listed below. (Check appropriate box and complete the information required.)

- 1. Collection of one full payment based on the borrower's established payment agreement.
 

AMOUNT OF PAYMENT	DATE RECEIVED
\$	/ /
PAYOR	
  
- 2. Received new signed repayment agreement from borrower (copy attached).
 

DATE SIGNED REPAYMENT AGREEMENT WAS RECEIVED
/ /
  
- 3. Returned to repayment timely after bankruptcy discharge.
 

DATE BANKRUPTCY DISCHARGE NOTICE RECEIVED
/ /

A copy of the payment or signed payment agreement must be attached to this request. If a copy of the borrower's payment is not available, this request must be signed by an authorized official of the lending institution as a certification that the payment was not made by that institution or one of its representatives on the borrower's behalf.

NAME OF BORROWER	SOCIAL SECURITY NO.
SIGNATURE OF EMPLOYEE OR AGENT	DATE / /
TYPED NAME OF EMPLOYEE OR AGENT	LENDER IDENTIFICATION NUMBER

List all loans included in this request:

Loan Type	First Disbursement Date	Current Principal Balance

**For Internal Use Only**

<input type="checkbox"/> Request Approved  <input type="checkbox"/> Request Denied	DATE GUARANTEE LOST
	/ /
	DATE GUARANTEE REINSTATED
	/ /
	BORROWER'S DUE DATE AT TIME OF REINSTATEMENT
	/ /
SIGNATURE	DATE / /