



CONTRACTOR ACKNOWLEDGEMENT OF PAYMENT PROCEDURES

RE: Mortgage Loan Number: _____
Property Address: _____

I have a signed contract with _____ for repairs of the building
situated on the premises at ,

I understand and agree to the following:

1. The claim funds received from the insurance company are less than the amount agreed to by the homeowner on our signed contract.
2. The homeowner is responsible for any expenses incurred in excess of the insurance proceeds.
3. Nationstar releases draws based on inspection results and will not release the final draw until repairs have been completed.

Signed this _____ day of _____, AD 20_____

Contractor/Company Name

By: _____ Title: _____

Return to:

Nationstar Mortgage LLC
Attn: Insurance Loss Department
PO Box 6501
Springfield OH 45501-6501

OR

Nationstar Mortgage LLC
Attn: Insurance Loss Department
One Assurant Way
Springfield, OH 45505

Fax: 1-866-411-8857