

Canada Guaranty Mortgage Insurance Company

Loss Management Department | 1 Toronto Street, Suite 400 Toronto, ON M5C 2V6 | Tel: 1.866.414.9109 ext. 7001 | Fax: 1.866.668.7043

Homeownership Solutions Program WORKOUT REQUEST FORM

Please submit all requests to: lossmanagement@canadaguaranty.ca

Mortgage Reference #:				Borrower Name 1:				
Lending Institution:			Borrower Name 2:					
Lender Contact Name:				Borrower Name 3:				
Contact E-mail Address:			Borrower Name 4:					
Contact Phone #:			Property Address: (Please include street address, city, province, postal code)					
CG Certificate #:								
Mortgage Payment Amount (\$):				Payment Includes:				
Payment Frequency:				Interest Rate:				
Mortgage is in Arrears as of Today:		Yes	No	# of Payments in Arrears:				
Property Taxes are Paid Up to Date:		Yes	No	Property Tax Arrears (\$):				
Outstanding Mortgage Balance (\$):				Mortgage Balance as of: (dd/mm/yyyy)		/	/	
Next Payment Due: (dd/mm/yyyy)		/ /		Last Payment Made: (dd/mm/yyyy)		/	/	
Current Amortization: (months)				Current LTV:				
Prior Workout Implemented:		Yes	No	If Yes, Date of Implementation: (dd/mm/yyyy)		/	/	
Prior Workout Details: (<i>if applicable</i>)								
Payment History Comments:								
Reason for Current Workout Request:								
Lender's Workout Recommendation:								