

USDA Monitored Claim Packet

The following instructions and documentation have been provided in your response to your recent inquiry. To avoid any unnecessary delays and ensure the timely processing of the loss draft, it is extremely important that you read and follow the instructions outlined below.

We are sure you are aware that New American Funding or the investor will be named as payee on your settlement checks, as we have a financial interest in your property. Any funds received for emergency advances or personal property will be endorsed and released to you without delay. If the total amount of the loss includes personal property, this amount will be deducted from the total loss amount to determine how the claim will be processed.

Please contact New American Funding immediately if the damage resulted in a total loss or near total loss of property as there may be additional considerations.

For losses of \$20,000 or less (if your loan is current and has less than two prior delinquent payments), we will require the claim check, signed Owner's Affidavit form (pg 6), and the adjuster's report from your insurance company. Upon receipt of these documents, the claim check will be endorsed. As long as your loan is not in a foreclosure status, you will have the option to either have the check returned to you for cashing or you may participate in our ACH Disbursement Program.

For losses greater than \$20,000 (and all loss amounts if your loan is delinquent), New American Funding will require your endorsement of the claim check and funds will be placed in a restricted escrow account so that repairs can be monitored. It is extremely important that New American Funding receive all items listed below in order to process the initial draw for your claim. New American Funding will do its part to ensure the claim process moves as quickly and smoothly as possible, however we will not be able to release any funds until the required documents are received and complete. Please include your loan number on all documents and allow 7-10 business days for the initial draw.

Required Documents:

- Claim check with back signed by all parties other than New American Funding.
- The complete/fully itemized adjuster's report issued by your insurance company.
- Signed Owner's Affidavit Form
- Signed and Accepted contractor's proposal
- New American Funding Loss Draft Form (please complete page 4 and return)
- Contractor's signed and completed W9 (if your loan is delinquent)
- Borrower Letter of Intent

Please include your loan number on all documents and check(s). Forward to our office at:

Overnight Mail:

New American Funding
ATTN: Loss Draft Department
c/o PLP
700 Tower Dr. Suite 400
Troy, MI 48098

Regular Mail:

New American Funding
ATTN: Loss Draft Department
c/o PLP
P.O. Box 7125
Troy, MI 48007-7125

After the initial draw, the following items will be required each time a draw is requested:

- Inspection verifying percentage of work complete
- Waiver of lien/sworn statement from the contractor.

If your loan is current all disbursed funds will be made payable to you. If a contractor completes any repairs, the waiver lien document will need to be completed by the contractor submitted to us.

If your loan is delinquent all disbursed funds will be made payable to yourself and your contractor, The waiver of lien document will need to be completed by the contractor and submitted.

If you have hired or plan to hire a Public Adjuster or retain any other third party to settle your loss claim, these fees are your sole responsibility. Fees will not be paid from insurance proceeds.

If you have any questions, please contact us at the toll- free number below:

New American Funding

Phone: +1 (888) 884-5314 M-F: 8:30 am – 7:00 pm EST

Fax: +1 (248) 781-9320

Email: NAFLD@ProctorLP.com

ACH Disbursement Program

We would like to invite you to participate in the ACH Disbursement Program.

To obtain the ACH Form, please visit <https://www.newamericanfunding.com/myloan/#forms>. Please complete that form and upload it to <https://www.newamericanfunding.com/myloan/#upload>.

Once you receive confirmation the ACH setup is complete, please inform the loss draft department to disburse all funds via ACH.

Loans must be current to be eligible for the ACH Disbursement Program.

Insurance & Claim Information:

MyInsurancePortal

<https://myinsuranceportal.com/>

Get alerts, upload and sign documents, oversee contractors, request inspections, and track your claim progress in one convenient place.

Watch Now: **Guide to Loss Drafts** — <https://www.newamericanfunding.com/myloan/escrow/damage-to-your-home/>

LOAN NUMBER _____

Third Party Authorization Form

We have received your homeowner's loss draft claim information. If you would like us to communicate with a Third Party concerning your loss draft claim, please complete the below information. Please provide this information as soon as possible to avoid any delays in processing your claim.

PROPERTY ADDRESS _____

CITY _____

STATE _____

POSTAL CODE _____

NAME OF THIRD PARTY _____

EMAIL ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

THIRD PARTY ADDRESS _____

CITY _____

STATE _____

POSTAL CODE _____

PLEASE CHECK ALL THAT APPLY:

COMMUNICATE DIRECTLY WITH MY THIRD PARTY CONCERNING MY LOSS.

SEND DISBURSEMENTS TO MY THIRD PARTY DIRECTLY

Authorization

I/we hereby authorize the Third Party listed above to obtain information concerning my loss draft file process including all directives indicated above. My signature approves the authorization of the Third Party. This authorization expires one year from the date signed unless cancelled earlier or when the loss draft claim closes.

BORROWER SIGNATURE _____

DATE _____

CO-BORROWER SIGNATURE _____

DATE _____

Please include your loan number on all documents and check(s). Forward to our office at:

Overnight Mail:

New American Funding
ATTN: Loss Draft Department
c/o PLP
700 Tower Dr. Suite 400
Troy, MI 48098

Regular Mail:

New American Funding
ATTN: Loss Draft Department
c/o PLP
P.O. Box 7125
Troy, MI 48007-7125

LOAN NUMBER

Loss Draft Claim Form

This form must be completed and returned with all items listed on the procedure letter. The information you provide below will help us to better serve you during your loss.

PROPERTY ADDRESS_____
CITY_____
STATE_____
POSTAL CODE_____
PHONE NUMBER_____
EMAIL

PHONE

EMAIL

MAIL

MORNING

AFTERNOON

EVENING

PREFERRED METHOD OF CONTACT_____
PREFERRED CONTACT TIME_____
INSURANCE ADJUSTER'S NAME_____
INSURANCE ADJUSTER'S PHONE NUMBER_____
PLEASE LIST ALL PERSONS AUTHORIZED TO SPEAK ON THE CLAIM, NOT PREVIOUSLY LISTED_____
SIGNATURE_____
DATE_____
SIGNATURE_____
DATE

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P.O. Box 7125
Troy, MI 48007-7125

LOAN NUMBER _____

Waiver of Lien

This form must be completed and returned with all items listed on the procedure letter. The information you provide below will help us to better serve you during your loss.

PROPERTY ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____

My/our contract with _____
HOMEOWNER / BORROWER NAME

to provide: _____
DESCRIPTION OF SERVICES PROVIDED

Select One:

FULL CONDITIONAL

Having been fully paid and satisfied, all my/our construction lien rights against such property are hereby waived and released.

This waiver is conditioned on actual payment of _____.

FULL UNCONDITIONAL

Having been fully paid and satisfied, all my/our construction lien rights against such property are hereby waived and released.

DATE _____ COMPANY _____

ADDRESS _____

SIGNATURE _____

CITY _____ STATE _____ POSTAL CODE _____

Sworn Statement

All workers and all merchandise obtained by us/me will be the responsibility of the undersigned.

SIGNATURE _____ DATE _____

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USDA Owner's Affidavit

LOAN NUMBER _____

STATE _____

COUNTY _____

I/we, _____ (Mortgagor(s)), being first
MORTGAGOR(S)

duly sworn, deposes and says that he/she is owner of the Property located at:

PROPERTY ADDRESS _____

And that on or about _____ (Date of Loss), the improvements on said property were damaged and all
DATE OF LOSS
damage has been, or will be, fully repaired and that the repaired portion of the Property and improvement are now or
will be in good condition as the Property has been, or will be, fully paid from the proceeds of the Loss Draft claim from:

INSURANCE COMPANY NAME _____

In addition, I/we expressly agree to apply the released funds promptly to repair or reconstruct the residence. I/we adhere to all of the locality's construction licensing requirements and will use a licensed contractor when required. I/we agree that no mechanic's or materialman's liens will be attached to the Property by reason of said repairs and agree to a full inspection once all repairs that adversely affect the value of the home and/or structural integrity are complete.

BORROWER SIGNATURE _____

DATE _____

CO-BORROWER SIGNATURE _____

DATE _____

BORROWER'S NAME (PRINTED) _____

COBORROWER'S NAME (PRINTED) _____

Please complete and you can upload your document at: <https://www.myinsuranceportal.com/C3077016> or you can forward the document to our office at:

Overnight Mail:
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Troy, MI 48098

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