



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS
301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546
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STATEMENT OF MONTANA MORTGAGE SERVICING ACTIVITY

****FOR INITIAL LICENSURE ONLY****

Entities Engaged in the Business of Servicing Residential Mortgage Loans
Under the Montana Mortgage Act

**For Statement Period: 12-Month Period Immediately
Preceding the Filing of this Report**

Each applicant for a license is required by Montana law to submit a statement of its mortgage servicing activities (Mont. Code Ann. § 32-9-170, Mortgage Servicer Duties).

ENSURE THAT THE INFORMATION PROVIDED IS FOR MONTANA RESIDENTIAL MORTGAGE LOANS **ONLY**, NOT A CONSOLIDATION OF ALL THE LOANS SERVICED.

Each entity should file one report which covers all the activity of the entity for the period described.

STATEMENTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

REGULAR MAIL:
Division of Banking &
Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:
Division of Banking &
Financial Institutions
301 South Park, Suite 316
Helena, MT 59601

FAX: 406-841-2930
E-MAIL: mortgagelicensing@mt.gov
PHONE: Chris Romano at
(406) 841-2928

REPORTING ENTITY

(Please Type or Print Legibly)

Name of Licensee _____

Unique Identifier _____

Address of main location _____

Name of person preparing this report _____

Phone number of preparer _____

Fax Number _____

E-mail Address _____

MONTANA LOANS SERVICED OVER PRECEDING 12-MONTH PERIOD

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|------------------------------|----------------------|------------------------|
| Total Montana Loans Serviced | _____ | _____ |

TYPE OF MONTANA LOANS SERVICED OVER PRECEDING 12-MONTH PERIOD

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|--------------|----------------------|------------------------|
| Conventional | | |
| FNMA | _____ | _____ |
| FMCC | _____ | _____ |
| GNMA | _____ | _____ |
| FHA | _____ | _____ |
| VA | _____ | _____ |
| USDA | _____ | _____ |
| Other | _____ | _____ |

MONTANA LOAN CHARACTERISTICS OVER PRECEDING 12-MONTH PERIOD

Report the following Information for First Mortgages (Not Including Reverse Mortgages):

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|----------------------------------|----------------------|------------------------|
| Government (FHA/VA/USDA) Fixed | _____ | _____ |
| Government (FHA/VA/USDA) ARM | _____ | _____ |
| Prime Conforming Fixed | _____ | _____ |
| Prime Conforming ARM | _____ | _____ |
| Prime Non-Conforming Jumbo Fixed | _____ | _____ |
| Prime Non-Conforming Jumbo ARM | _____ | _____ |
| Other Fixed | _____ | _____ |
| Other ARM | _____ | _____ |
| All Second Mortgages | _____ | _____ |
| HELOCs | _____ | _____ |
| Reverse Mortgages | _____ | _____ |
| Other Mortgage Loans | _____ | _____ |
| High-Cost Loans | _____ | _____ |

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|--|----------------------|------------------------|
| Higher-Priced, non-jumbo, 1st loans | _____ | _____ |
| Higher-Priced, non-jumbo, subordinate loans | _____ | _____ |
| Higher-Priced, jumbo loans | _____ | _____ |
| Adjustable mortgages that will adjust in the next 12-month period | _____ | _____ |
| Option ARMs | _____ | _____ |
| Negative amortization loans | _____ | _____ |
| Property Type: | | |
| 1 – 4 Family | _____ | _____ |
| Modular | _____ | _____ |
| Mobile | _____ | _____ |
| Manufactured | _____ | _____ |

MONTANA DELINQUENCY STATUS AS OF REPORTING DATE

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|------------------------------|----------------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA LOSS MITIGATION EFFORTS - MODIFICATIONS

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|--|----------------------|------------------------|
| Loan modification applications in process 12 months prior to reporting date | _____ | _____ |
| Report the following information for preceding 12-month period: | | |
| Loan modification applications received | _____ | _____ |
| Loan modifications completed | _____ | _____ |
| Loan modifications terminated by borrower | _____ | _____ |
| Loan modification applications denied | _____ | _____ |
| Loan modification applications terminated by other | _____ | _____ |
| Loan modification applications in process as of reporting date | _____ | _____ |

MONTANA DELINQUENCY STATUS AS OF REPORTING DATE FOR LOANS MODIFIED OVER PRECEDING 12-MONTH PERIOD

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|------------------------------|----------------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA DELINQUENCY STATUS AS OF REPORTING DATE FOR LOANS MODIFIED BETWEEN PRECEDING 12 – 24 MONTH PERIOD

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|------------------------------|----------------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA DELINQUENCY STATUS AS OF REPORTING DATE FOR LOANS MODIFIED BETWEEN PRECEDING 24-36 MONTH PERIOD

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|------------------------------|----------------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA FORECLOSURE STATUS

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|---|----------------------|------------------------|
| Loans in foreclosure status 12 months prior to reporting date | _____ | _____ |

Report the following information for preceding 12-month period:

| | <u>Dollar Volume</u> | <u>Number of Loans</u> |
|---|----------------------|------------------------|
| Loans in foreclosure status | _____ | _____ |
| Foreclosure resolved other than sheriff sale | _____ | _____ |
| Foreclosure resulting in sheriff sale | _____ | _____ |
| Number of deeds in lieu of foreclosure accepted | _____ | _____ |
| In foreclosure status as reporting date | _____ | _____ |
| REO as of reporting date | _____ | _____ |

What are the proactive steps taken by the licensee to identify Montana residential mortgage loan borrowers at a heightened risk of default, such as those with impending interest rate resets, including, but not limited to, contacts with borrowers to assess their ability to repay their mortgage loan obligations? Attach additional pages if necessary.

Provide the name and NMLS unique identifier of the Mortgage Loan Originator(s), Broker(s), and Lender(s) that originated any Montana residential mortgage loan(s) in default. For each of the above, please indicate the total number of loans in default for each originator(s), broker(s) and lender(s).

Attach additional pages if necessary. _____

Provide a description of the types of workout arrangements involving Montana residential mortgages, including mortgage loan modifications, and the percentage of each type of workout arrangement entered into. Attach additional pages if necessary. _____

AFFIDAVIT

I, _____ the undersigned, being the _____ of _____ swear or affirm that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements, if any, are true and that the same is a true and complete statement in accordance with the law.

Signature

Date

TO BE COMPLETED BY NOTARY:

State of _____)
) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notarial Officer

Name - typed, stamped, or printed

Title and Rank

Residing at

My commission expires: _____

*AFFIX
SEAL
HERE*