



All of us serving you

June 5, 2019

Re: HAMP MODIFICATION TRIAL PERIOD PLAN ACCEPTANCE

Account Number:

Property Address:

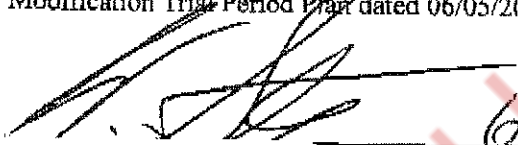
HAMP MODIFICATION TRIAL PERIOD PLAN TERMS:

Plan	Payment Due Date	Trial Payment Amount
1	July 1, 2019	\$1,551.54
2	August 1, 2019	\$1,551.54
3	September 1, 2019	\$1,551.54

To accept the HAMP Modification Trial Period Plan outlined above, you must sign and return this acceptance to our office before 07/01/2019 using one of the following delivery methods:

Mail: U.S. Bank
P.O. Box 211128
Eagan, MN 55121-4201
Fax: 877.903.6972

By signing this acceptance, I acknowledge that I understand and agree to the Terms and Conditions for the HAMP Modification Trial Period Plan dated 06/05/2019 set forth in the Loss Mitigation Summary Package.


6-11-19
Date

Bank Representative _____ Date

www.usbank.com





U.S. Bank Home Mortgage
4801 Frederica Street
Owensboro, KY 42301

Home Mortgage

4-726-61402-0002429-001-1-000-010-000-000



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Mortgage Statement

Statement Date **01/25/2019**

Account Number

Scheduled Due Date: **02/01/2019**
We may contact you if payment is not received by the scheduled due date.
Loan Due Date **12/01/2019**

Total Amount Due \$5,874.80

**If received after 02/16/2019, \$56.51 late fee may be charged, pay \$5,931.31.

Explanation of Total Amount Due

PAYMENT FACTORS

Principal	\$242.93
Interest	\$1,169.93
Tax - County	\$286.51
Insurance	\$76.92
Mortgage Insurance	\$183.14
PAYMENT AMOUNT DUE	\$1,939.43
Past Due Amount	\$3,878.86
Unpaid Late Fees	\$56.51
TOTAL AMOUNT DUE	\$5,874.80

**If received after 02/16/2019, \$56.51 late fee may be charged, pay \$5,931.31.

Total Amount Due is not a Payoff or Reinstatement amount.

Contact Information

800-365-7772

Live Customer Support: Mon-Fri 7:00 am - 8:00 pm CT and Sat 8:00 am - 2:00 pm CT
Automated Services also available at this number 24 hours

Live Hearing Impaired Customer Support: Monday-Friday, 8:00 a.m.-5:00 p.m. CT. 800-874-5563
A TDD/TTY machine is required when calling this number

Correspondence Address: U.S. Bank Home Mortgage, P.O. Box 21948, Eagan, MN 55121
Website: www.usbankhomemortgage.com

Notice of Error and Request for Information: U.S. Bank Home Mortgage, P.O. Box 21977, Eagan, MN 55121
www.usbankhomemortgage.com

Account Information

Property Address

Outstanding Principal balance (Not a Payoff Amount)	\$234,488.24
Interest Rate	6.00000%
Maturity Date	06/2346
Other Balances	
Escrow	\$151.55

If You Are Experiencing Financial Difficulty: To find a HUD-certified counseling organization in your area, contact HUD at 800-669-4287 or visit the website at www.hud.gov/offices/hqs/gsi/hqc/hcs.cfm.

Past Payment Breakdown

	PAID SINCE LAST STATEMENT	PAID YEAR TO DATE
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00

Payment breakdown represents current year payment transaction activity applied to the amount, which may include adjustments to prior year's payment.

Transaction Activity

Description	Due Date	Date	Total	Principal	Interest	Escrow	Fees/ RCA	Other	Subsidy/ Repl Reserve	Suspense
Int on Esc Deposit	12/2018	12/31/2018	16.32			16.32				
Dept of HUD RRP Disb	04/2019	01/03/2019				163.24				

IMPORTANT MESSAGES

Our Complaint Process: Please submit any mortgage loan foreclosure or foreclosure alternative process related complaint to: U.S. Bank, Attention: Consumer Advocacy, P.O. Box 211259 Eagan, MN 55121. Your submission should include the name of each borrower and the loan number.

*** Please Note: If you are currently under a repayment agreement or HAMP trial period payment plan, the monthly payment amount reflected on this statement may not reflect the agreed upon adjusted payment amount due for the month. Please refer to your repayment agreement, trial period document, or contact our office if you are unsure of the amount you must remit.

IMPORTANT HAZARD/HOMEOWNER'S INSURANCE INFORMATION

Your hazard/homeowner's policy must reflect the following as loss payee to ensure timely payments of future billings.

U.S. Bank National Association
Its Successors and/or Assigns
C/O U.S. Bank Home Mortgage
Loan Number 9902965296
P.O. Box 7298
Springfield, OH 45501-7298

DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



Account Scheduled Payment Additional Insurance Past Due Past Due 2 Months Total

726-x30878-0617F