

HOMEOWNERS REPLACEMENT INSURANCE FORM

****IF YOU ARE IN FORECLOSURE, FILL THIS OUT AND WE CAN GET YOU MONEY BACK
ON A REFUND IN THE HOMEOWNERS INSURANCE PREMIUM****

**THERE IS NO FEE UP FRONT FOR THIS, BUT WHEN YOU GET THE MONEY BACK, WE
WOULD LIKE YOU TO DONATE 50% BACK TO US PLEASE TO SUPPORT OUR WORK**

REFERRED BY: _____

YOUR NAME: _____

D.O.B. _____

SOCIAL SECURITY #: _____

ADDRESS: _____

ADDRESS OF PROPERTY: _____

CELL NO: _____

Home NO: _____

EMAIL: _____

MORTGAGE COMPANY NAME: _____

LOAN NO: _____

YOUR CURRENT INSURANCE CO: _____

COMMENTS: _____

WHEN COMPLETED, FAX TO 888-511-9098 **OR** EMAIL TO:

FORECLOSURE@UNDERSTANDCONTRACTLAWANDYOUWIN.COM OR CONTACT US

AT TEL: 1-505-340-3632 TO MAIL. PLEASE CALL AND CONFIRM 2 DAYS LATER PLEASE!!!