

STATE OF NEVADA
 FORECLOSURE MEDIATION PROGRAM
ELECTION/WAIVER OF MEDIATION FORM

(This Section to be Completed by Trustee)

ASSESSOR PARCEL NUMBER (APN) _____		TS # _____
Homeowner's Last Name _____		Loan # _____
Homeowner's First Name _____		DoT Doc # _____
Co-Owner's Last Name _____	Co-Owner's First Name _____	Book # _____ Page # _____
Property Address _____		Inst # _____
County in which Property is located _____		
Trustee _____	Beneficiary _____	

ATTENTION: YOU MUST ACT WITHIN THIRTY (30) DAYS. IF NO ACTION IS TAKEN, THE FORECLOSURE MAY PROCEED

You have been served with an enclosed copy of Notice of Default and Election to Sell; which could result in the loss of your home.

The State of Nevada has created a mediation program for homeowners whose owner-occupied, primary residence is subject to foreclosure. Mediation is a process through which you and the lender meet with a neutral mediator to determine whether an agreement can be reached to cure any defaults in the loan or modify the terms of the loan to enable you to remain in your home. The mediator will be appointed by the Foreclosure Mediation Program Administrator. The mediator will **not** provide legal advice to either party. If you feel the need for legal representation, it is recommended that you consult an attorney concerning your rights and responsibilities and to assist you in the mediation.

Property Owner's Name: _____	Co-owner's Name: _____
Mailing Address: _____	Mailing Address: _____
Phone No: _____ (Day)	Phone No: _____ (Day)
Phone No: _____ (Evening)	Phone No: _____ (Evening)
Email Address: _____	Email Address: _____

(Please list additional property owners on a separate sheet of paper)

PLEASE SELECT ONE OF THE CHOICES BELOW:

ELECTION OF MEDIATION - The undersigned hereby request[s] that mediation be scheduled to attempt to work out a resolution of the loan. (\$200.00 Money Order or Cashier's Check **must be enclosed**; see below)
You must include ALL the following with your election form:

\$200 Money Order/Cashier's Ck
 Notice of Default
 Housing Affordability
 Financial Statement

Do you have an open Bankruptcy proceeding?
 If so, date filed? _____

WAIVER OF MEDIATION - The undersigned is/are aware of the right to seek mediation but have determined that I/we do not want to proceed with mediation and hereby waive the right to do so.

The undersigned hereby certifies under the penalty of perjury that I/we are the owner[s] of the real property that is the subject of the pending foreclosure and occupy the real property as my/our primary residence.

Signature of Property Owner _____	Date _____	Signature of Property Owner _____	Date _____
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IF YOU HAVE CHOSEN TO SEEK MEDIATION, YOU MUST SEND A MONEY ORDER OR CASHIER'S CHECK FOR \$200 PAYABLE TO: "STATE OF NEVADA FORECLOSURE MEDIATION PROGRAM." THIS PAYMENT AND ALL FORMS MUST BE RETURNED TO THE PROGRAM ADMINISTRATOR WITHIN 30 DAYS OF RECEIVING THE NOTICE OF DEFAULT AND ELECTION TO SELL. FOR YOUR USE IN THIS PACKET ARE TWO UNSTAMPED, PRE ADDRESSED ENVELOPES. **SEND TO: 201 S. CARSON STREET, STE 277 B, CARSON CITY NV 89701.**

PLEASE COMPLETE TWO COPIES OF THIS FORM AND ALL OTHER REQUIRED FORMS AS STATED ABOVE, FORWARD THE ORIGINALS TO THE PROGRAM ADMINISTRATOR WITH THE \$200 PAYMENT, PLEASE ALSO SEND ONE COPY TO THE TRUSTEE OF THE DEED OF TRUST AND RETAIN YOUR COPY FOR MEDIATION.

PLEASE NOTE: THE \$200 FEE IS NON-REFUNDABLE. PERSONAL CHECKS NOT ACCEPTED.

STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM
**INSTRUCTIONS FOR THE
ELECTION/WAIVER OF MEDIATION FORM**

To the Trustee:

You must fill out the top box on the Form including the Property Address, the Assessor's Parcel Number (APN), the Loan # and TS #, Dot #, Book/Page and Instrument #. Please provide the homeowner with the Election/Waiver of Mediation, the Housing Affordability and the Financial Statement Forms as well as two preaddressed envelopes addressed to you (Trustee) and the Foreclosure Mediation Program (FMP) 201 S. Carson St, Ste 277B, Carson City, NV 89701.

To the Homeowner:

You are eligible to participate in this program if you:

1. Have a recorded Notice of Default.

2. If you do not have an open bankruptcy filed on or after July 1, 2009.
3. If you have been discharged from Bankruptcy or the court has ordered you into the FMP.
4. If this property is your **primary, owner occupied residential property**. Not a vacation, rental or other property where the homeowner does not live.

The ELECTION/WAIVER OF MEDIATION, the HOUSING AFFORDABILITY and the FINANCIAL STATEMENT and Notice of Default forms have been provided by the Trustee. You must complete the forms and send with your Election/Waiver of mediation form and a copy of the Notice of Default.

- Print your name and mailing address in the spaces provided. Include your telephone numbers and your e-mail addresses. If you have a co-owner, their name, address, phone numbers and e-mail addresses must be included. This information will only be used for the mediation purposes.

In the designated location on the ELECTION/WAIVER OF MEDIATION form, you must select (with a check mark or "X") one of two choices. Select ONLY one:

1. "ELECTION OF MEDIATION" if you choose to enter into the Mediation Program; OR
2. "WAIVER OF MEDIATION" if you do not want to participate in the foreclosure Mediation Program.

If you choose to enter (Election of Mediation) into the Foreclosure Mediation Program:

- You must then sign and date each form. **NOTE** that by signing the form you are certifying under penalty of perjury that you own and occupy the subject property as your primary residence.
- Using the preaddressed envelopes, one completed copy of the forms must be mailed to the Trustee of the deed of trust by certified mail, return receipt requested.
- The original of the completed forms must be mailed in the preaddressed envelope (addressed to the Foreclosure Mediation Program Administrator). If you elect mediation, you must **include \$200.00 (cashiers check or money order ONLY) along with all required forms payable to:**

**State of Nevada Foreclosure Mediation Program
201 S Carson St. Ste 277B,
Carson City NV 89701**

- The envelope addressed to the ADMINISTRATOR must be mailed no later than 30 days after receiving the forms and the Notice of Default from the Trustee. You will need to pay the postage for the mailings.

If you do not want to participate (Waiver of Mediation) in the Foreclosure Mediation Program

- If you decide to waive your right to mediation, please send the Election/Waiver of Mediation form to the Trustee and the Administrator in the pre addressed envelopes. If you waive your right to mediation, please do not send the \$200.00.

Should you have any questions please contact us at (702) 486-9386 or Foreclosure@nvcourts.nv.gov .

**STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM
HOUSING AFFORDABILITY WORKSHEET**

ASSESSOR PARCEL NUMBER (APN) _____		TS # _____
Homeowner's Last Name _____	Homeowner's First Name _____	Loan # _____
Co-Owner's Last Name _____	Co-Owner's First Name _____	DoT Doc # _____
Property Address _____		Book # _____ Page # _____
	County in which Property is located _____	Inst # _____
Trustee _____	Beneficiary _____	

Homeowner's Income	
GROSS MONTHLY INCOME	\$ _____
31% OF MONTHLY GROSS INCOME:	\$ _____

Principal, Interest, Taxes, Insurance, Association Dues	
MONTHLY PAYMENTS	CURRENT
Mortgage Payment (without taxes and insurance)	
Property Tax	
Insurance	
Homeowner's Association Dues	
TOTAL	
Percent of Gross Income	

(Describe your Loan) Current 1st Mortgage		(Describe your Loan) Current 2nd Mortgage	
Description		Description	
Principal Amount	\$ _____	Principal Amount	\$ _____
Interest Rate	% _____ Years _____	Interest Rate	% _____ Years _____

1st Mortgage Payment		Value Parameters	
Principal and Interest:	\$ _____	Current Value of Home	\$ _____
Escrow:	\$ _____	Monthly Rental value of the Home	\$ _____
Total Payment:	\$ _____		

Signature of Property Owner

Signature of Co-Owner

STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM

FINANCIAL STATEMENT

(This Section to be Completed by Trustee)

ASSESSOR PARCEL NUMBER (APN) _____		TS # _____
Homeowner's Last Name _____		Loan # _____
Homeowner's First Name _____		DoT Doc # _____
Co-Owner's Last Name _____		Book # _____ Page # _____
Co-Owner's First Name _____		Inst # _____
Property Address _____		County in which Property is located _____
Trustee _____	Beneficiary _____	

PERSONAL INFORMATION

Number of Dependents (Not listed by Co-Owner): _____	Number of Dependents: (Not listed by Owner): _____
Homeowner's Mailing Address: _____	Co-Owner Mailing Address: _____

If additional information must be provided please include on last page "Additional Information".

EMPLOYMENT INFORMATION

Employer's Name: _____ <input type="checkbox"/> Self Employed		Employer's Name: _____ <input type="checkbox"/> Self Employed	
Position/Title: _____	Date of Employment: _____	Position/Title: _____	Date of Employment: _____
Employer's Name: _____ <input type="checkbox"/> Self Employed		Employer's Name: _____ <input type="checkbox"/> Self Employed	
Position/Title: _____	Date of Employment: _____	Position/Title: _____	Date of Employment: _____
Employer's Name: _____ <input type="checkbox"/> Self Employed		Employer's Name: _____ <input type="checkbox"/> Self Employed	
Position/Title: _____	Date of Employment: _____	Position/Title: _____	Date of Employment: _____

STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM

EXPENSES AND LIABILITIES		
	MONTHLY EXPENSES	BALANCE DUE
First Mortgage		
Second Mortgage		
Rent for Other Property		
Other Liens on the Property		
Homeowner Association Dues		
Insurance (not included in Mortgage)		
Real Estate Taxes		
Child Support		
Child Care		
Health Insurance		
Medical Expenses		
Credit Card/Installment Loan		
Credit Card/Installment Loan		
Credit Card/Installment Loan		
Credit Card/Installment Loan		
Credit Card/Installment Loan		
Automobile Loan 1		
Automobile Loan 2		
Auto Insurance		
Auto/Gasoline		
Food		
Spending Money		
Electric/Gas		
Water/Sewer/Trash		
Phone/Cell Phone		
Internet/Cable		
Other		
Total		

**STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM**

MONTHLY INCOME			
	Owner	Co-Owner	Total
Gross Salary			
Net Salary/Wages			
Unemployment Income			
Child Support/Alimony			
Disability Income			
Rental Income			
Other Income			
Total			

ASSETS (Estimated Value)	
Personal Residence	
Other Real Estate	
Personal Property	
Automobile 1	
Automobile 2	
Checking Accounts	
Savings Account	
IRA/401 K/Keogh Accounts	
Stocks/Bonds/CD's	
Other (Please Explain)	Explain: _____
Other	
Total	

Reason for Delinquency/Inability to Satisfy Mortgage Obligation:

Reduction in Income Medical Issues Death of Family Member
 Increase in Expenses Loss of Income Increase in Loan Payment
 Other (e.g.: Divorce, Business Failure, etc): _____

Further Explanation: _____

**I / We obtained a mortgage loan(s) secured by the above-described property.
 I / We have described my/our present financial condition and reason for default and have attached required.
 I / We consent to the release of this financial worksheet and attachments to the mediator and the lender or lender's servicing company by way of the lender's attorney.
 By signing below, I / we certify the information provided is true and correct to the best of my / our knowledge.**

Signature of Owner	Date	Signature of Owner	Date
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- You will be required to send the following to your assigned Mediator and the Trustee/Lender upon request:**
- Last Federal Tax Return filed Proof of Income (e.g. two current pay stubs)
 Past two (2) bank statements If Self Employed attach a copy of the past six (6) month's Profit and loss statements

Please keep a copy for your records and to bring to the Mediation.

