



Declaration of Intent to Repair

This form is required for all insurance claims.

Member Information:

Loan Number: _____

Borrower Name: _____

Borrower Name: _____

Property Address: _____

Email Address: _____

Phone Number(s): _____

Insurance Information:

Insurance Company: _____

Amount of Claim: _____

Date of Loss/Cause of Damage: _____

Contractor Information:

Company Name: _____

Company Contact: _____

Company Address: _____

Contact Phone Number: _____

Contact Email: _____

Estimated Completion Date: _____

I/We certify that the insurance claim funds in the amount listed above are to be used to repair the property to as good a condition or better prior to the damage, that all repairs will be completed in a timely manner and that no material or labor liens will occur as a result of this insurance claim.

I/We understand that a licensed contractor must be used to repair the property.

Borrower

Date

Borrower

Date

