



Triad Office Use Only

Approved by _____

Print Name _____

Title _____

Date _____

Foreclosure Sale Postponement Request

Triad Certificate: _____

Servicer Loan #: _____

_____, as the default servicer on the above referenced loan, requests Triad Guaranty Insurance Corporation, In Rehabilitation (“Triad”) to allow the postponement of the foreclosure sale scheduled for _____. This request is made with the understanding and agreement that Triad will not incur any additional foreclosure fees or expenses past original foreclosure sale date. The allowable amount of accumulated delinquent interest covered under the applicable Master Policy will be limited to the lesser of sixty (60) days after the original foreclosure sale date or the actual closing date.

Print Name _____

Title _____

Date _____

Please submit this form along with your completed workout package to either hope@tgic.com or by fax at 336-723-1001.

Triad Guaranty Insurance Corporation, In Rehabilitation
101 South Stratford Road
Winston-Salem, NC 27104

336-723-1282 / 800-628-4744
(Fax) 336-723-1001

www.triadguaranty.com