



FHA Voluntary Payment Supplement Termination Request

Date: _____
Loan #: _____
Borrower(s): _____
Property Address: _____

This is a request to voluntarily terminate a Payment Supplement Agreement which provided you with a temporary reduction of monthly mortgage payment amount.

The full amount of your monthly mortgage payment includes escrow amounts, such as property taxes, insurance, or other assessments, as applicable. If your escrow amount changes, your full monthly mortgage payment may also change.

By signing this document, you are requesting to end the Payment Supplement Program and confirm you are able to afford and will be responsible for making your full monthly mortgage payment of (Principal, Interest, Taxes and Insurance).

After you receive a confirmation from Fay Servicing that the Payment Supplement Program has been terminated, any amount that remains unused in the Payment Supplemental Account will be returned to FHA to reduce the total amount you owe under the Payment Supplement Agreement. The amount that has already been used under the Payment Supplement Program will remain your responsibility to pay.

Information About Your Payment Supplement

The Payment Supplement is a zero-interest subordinate lien against your property. It does not require repayment until your mortgage is paid in full, the property is sold, the mortgage is assumed, the title to the property is transferred, or under certain types of refinance, whichever occurs first. However, you may pay the outstanding Payment Supplement balance early without penalty.

Please execute and return this document to Fay Servicing, LLC at the address listed below. This letter will serve as your written request to cancel your Payment Supplement Program.

Borrower Signature: _____ Date: _____
Co-Borrower Signature: _____ Date: _____

For questions regarding this notice, please contact 1-800-495-7166.

Fay Servicing, LLC
Attn: Consumer Advocacy
P.O. Box 815548
Farmers Branch, TX 75381