

Settlement Offer Record

Type of Offer: Compromise Partial Settlement For Whom? _____ Release of Lien only
 Subordination to a new first lien not to exceed \$ _____ Offer Amount: \$ _____ Funds Submitted with offer

Funds must be received within _____ days of approval by Director. Yes No

Debtor Name:	Age:	Debtor employed?			Claim Number:
Co-debtor Name:	Age:	TOP eligible?			
Debtor (s) Address: (Street, City, State, ZIP):	Co-debtor employed?				Source of Funds:
	TOP Eligible?				
Address of IP (if different from Debtor address):	Treasury Cross Servicing Status:			Debt Balance as of:	
	Sent:				
			Returned:		
<input type="checkbox"/> Property Improvement Currently Secured? <input type="checkbox"/> No <input type="checkbox"/> Yes					Principal: \$
Estimated Property Value: \$			Source of Value Determination:		Interest: \$
Senior Liens to Title I: (if known)					Other Costs: \$
<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Generic/Type Debt:			Total: \$		
Owns Other Real Estate? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:					Orig. Loan Date:
Justification Summary: (Check as many as applicable and attach written justification)					Orig. Loan Amt: \$
<input type="checkbox"/> Inability to collect within a reasonable time <input type="checkbox"/> Inability to enforce full recovery			Date of Default:		
<input type="checkbox"/> Recovery cost not justified <input type="checkbox"/> Inadequate income <input type="checkbox"/> Contested liability			Claim Paid Date:		
<input type="checkbox"/> Other:			Last Payment Date:		
Review and Recommendations:					Type of Payment:
DSR Name and Number:					
Recommendation: <input type="checkbox"/> Accept Offer <input type="checkbox"/> Reject Offer <input type="checkbox"/> Reject & Counter:					
Signature: _____ Date: _____					
Branch Chief:					
Recommendation: <input type="checkbox"/> Accept Offer <input type="checkbox"/> Reject Offer <input type="checkbox"/> Reject & Counter:					
Signature: _____ Date: _____					
Asset Recovery Division Director / Financial Operations Center Director: (Reviewing Official)					
Decision: <input type="checkbox"/> Accept Offer <input type="checkbox"/> Reject Offer <input type="checkbox"/> Reject & Counter:					
Signature: _____ Date: _____					