



## 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

