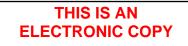


STATE OF WEST VIRGINIA OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION 1-800-368-8808 or 304-558-8986



www.wvago.gov

□ Mrs.

□ Mr.

E-Mail: consumer@wvago.gov

CONSUMER MORTGAGE COMPLAINT

1. PARTY COMPLAINING

□ Ms.

2. COMPLAINT AGAINST

Name: Mailing Address:		Bank Name: Address:			
County:	Zip Code:	State:	Zip Code:		
Home Telephone:		Telephone:			
Work Telephone:		Name of person yo	u dealt with:		
Cell Telephone:		Title:			
Email:					
Best time to contact	me:				
Email: Best time to contact me: Property Address - If different than the mailing address:		5:			

Please provide as much information as you can. If you do not know the answer to a question, feel free to answer, "I do not know." You may supplement your answers later.

- 3. A. Who do you receive your monthly mortgage statements from? Please provide the name, address, and telephone number of the **current mortgage servicer**:
 - B. Who did you make your original mortgage loan with? Please provide the name, address, and telephone number of the **original mortgage lender:**
 - C. Who is the owner of your mortgage loan? Please provide the name, address, and telephone number of the **mortgage loan owner:**

4. A.	Have you received a foreclosure notice ?	□ Yes	□ No			
	If yes, please provide the Trustee information:					
В.	Have you received a foreclosure sale date?	□ Yes	□ No			
	If yes, please provide the date and time set for	the sale:				
C.	Has a foreclosure already occurred?	□ Yes	□ No			
	If yes, please provide the date :					
D.	Have you received an order of eviction?	□ Yes	□ No			
	If yes, please provide the date :					
5.	Do your currently live in the home?	□ Yes	□ No			
6.	Have you attempted to work with your mortga	age servicer?	P If yes, please	describe your e	experience in det	ail below.
7.	Have you filed this complaint with any other age	ency or organ	ization?	□ Yes	□ No	
	If yes, please identify the organization and expla	ain any actior	that may have b	een taken:		
8.	Describe any legal action you have taken:					
	Attach copies of all documents If statements or promises were If you need addition please continue on a sepa Please DO NO	e not in wri onal space rate page a	ting, describe t to tell what haj	them in Quest opened, your complai	ion 9.	
	PI FASE CO		THE NEXT PAGE			

How do you want your complaint resolv	ved?		

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against or other state agencies which may also regulate the party complained against. It may also be used to enforce applicable state laws.

I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Attorney General's Office.

I certify that all information on this form is true and accurate to the best of my knowledge and belief, and that I have the legal authority to submit this claim.

SIGNATURE (Required)

DATE

Return this form and copies of your papers to:

Office of the Attorney General Consumer Protection Division PO Box 1789 Charleston, WV 25326-1789