

[Date]

[Borrower Name]
[Borrower Address]
[City, State, Zip Code]

Subject: Reinstatement Amount Quote - Account Number: [Loan Number]

Dear [Borrower Name],

As requested, below is the total amount required to reinstate your loan. This quote is valid through [Expiration Date]. Please note that additional interest, late charges, or legal fees may accrue after this date.

Reinstatement Breakdown:

- Past Due Monthly Payments: \$[Amount]
- Late Charges: \$[Amount]
- Property Inspection/Legal Fees: \$[Amount]
- Other Corporate Advances: \$[Amount]
- **Total Reinstatement Amount: \$[Total Amount]**

To prevent further collection activity or foreclosure proceedings, the total amount must be received in our office by 5:00 PM on [Expiration Date]. Payment must be made via certified funds (Cashier's Check or Money Order) made payable to [Lender Name].

Please mail or deliver your payment to:

[Lender Name]
[Payment Department/Address]
[City, State, Zip Code]

Once the full payment is processed, your loan will be returned to current status. If you have any questions, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Name/Signature]
[Title]
[Company Name]