



# Michigan Guaranty Agency Certification of Borrower Location

Name of Borrower		Borrower Social Security Number
Lender Name		ED Lender Code
Lender Street Address		
City	State	ZIP Code

**I hereby certify that:**

(Check appropriate boxes and complete information required)

1. I located the Borrower in the following manner:

- a. On \_\_\_\_\_, I spoke with or received written communication (attached to this certification form) from:
- The Borrower       Roommate of the Borrower       Neighbor of the Borrower
- Parent of the Borrower       Spouse of the Borrower       Sibling of the Borrower
- b. On \_\_\_\_\_, I received a postal receipt (copy attached) or a receipt from another delivery service (copy attached) signed by the Borrower on \_\_\_\_\_, which is not more than 15 days prior to the date on which the Repayment Agreement was sent. This receipt indicates acceptance of the correspondence by the Borrower at the address shown on the receipt.
- c. On \_\_\_\_\_, I received correspondence (copy attached) signed by an official of the military that verifies the Borrower's location.
- d. On \_\_\_\_\_, I received correspondence (copy attached) signed by an official of the institution at which the Borrower is incarcerated that verifies the Borrower's location.

2. The address on the postal receipt or provided to me by the source identified above is:

Street Address		
City	State	ZIP Code

3. The telephone number provided to me by the source identified above is:

- a. \_\_\_\_\_
- b. Disconnected, Unavailable, or Unlisted.

4. In the case of a Borrower whose address or telephone number was provided to me by someone other than the Borrower, I certify that the required collection letter and Repayment Agreement have not been return undelivered, either within 20 days of the date they were sent to cure due diligence violations under the retrospective period policy or as of the date I filed the default claim on the cured loan for all other violations.

Printed Name of Employee or Agent of Lender	Date
Signature of Employee or Agent of Lender	Date
Title of Employee or Agent of Lender	

**Mail this certification and the attachment(s) to:**

**Michigan Guaranty Agency  
Claim Review Department  
PO Box 30047  
Lansing MI 48909**