



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Vincent C. Gray, Mayor
Department of Insurance, Securities and Banking
Foreclosure Mediation Program



APPLICATION FOR FINAL MEDIATION CERTIFICATE- FM-R1

1. I am authorized to act on behalf of , the lender or holder of the beneficial interest in the mortgage or deed of trust.
2. The lender affirms that no appeal has been filed with the D.C. Superior Court within the thirty (30) day appeal period pursuant to 26 DCMR § 2719 as a result of foreclosure mediation for the property located at .
3. A true copy of the preliminary certificate is attached to this application and any supporting documentation.
4. The lender, therefore, requests the Mediation Administrator to issue a Final Mediation Certificate for the above stated reason(s).

I hereby certify that on , 20, I mailed a copy of this Application for Final Medication Certificate to the borrower(s) by first class mail to the address below:

I further declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Sign here

Print Name

Date