IN THE UNITED STATES BANKRUPTCY COURT

FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: : Bankruptcy No.

: Chapter

Debtor :

:

:

Movant :

:

v. :

:

:

Respondent (if none, then “No Respondent”) :

**Certification of LMP Eligibility and Readiness**

1. **CERTIFICATION OF THE DEBTOR(S)**

[I \_\_\_\_\_\_\_\_\_ am / We \_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_ are] the [debtor / debtors] in this case and hereby certify that:

1. [I / We] will participate in the Court’s *Loss Mitigation Program* (LMP) as set forth in *W.PA.LBR 9020-1 through 9020-7* [in full cooperation with my / our undersigned counsel (if represented by an attorney)] in good faith.
2. [I / We] understand and agree to the ongoing obligation to promptly provide information and documentation that may be reasonably requested by the Creditor during the LMP process.
3. [I / We] will make (or cause to be made) adequate protection payments to [FULL NAME OF CREDITOR] in the amount of $ \_\_\_\_\_\_\_\_ each month during the LMP period, pursuant to *W.PA.LBR 9020-3(f),* unless and until otherwise ordered by the Court.
4. [I / We] understand that commencing the LMP is voluntary, and that [I am / we are] not required to enter into any agreement or settlement with any other party, and no other party is required to enter into any agreement or settlement with [me / us] as part of the LMP.
5. [I / We] understand that [I am / we are] not required to request dismissal of this case as part of any resolution or settlement that is offered or agreed to during the LMP.
6. [I / We] understand that if [I / we] do not fully comply with the requirements of the LMP, our participation in the LMP may be terminated.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debtor

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joint Debtor (if any)

1. **CERTIFICATION OF COUNSEL TO DEBTOR(S)**

I, [ATTORNEY NAME] represent [NAME(S) OF DEBTOR(S)] (my “Client(s)”) in this case and hereby certify that:

1. I have discussed the details of the Court’s *Loss Mitigation Program* (LMP) set forth in *W.PA.LBR 9020-1 through 9020-7* with my Client(s).
2. I performed adequate due diligence to determine my Client’s eligibility for the LMP. As part of this process, I obtained and reviewed all loan documentation from my Client and confirmed all pertinent details of the Eligible Loan, including but not limited to, the following: (i) the complete loan number; (ii) the original loan amount, origination date and maturity date; (iii) the principal balance and interest rate; (iv) monthly principal, interest and escrow payments; (v) the specific amount of any arrears; (vi) any applicable balloon payments or other conditions of repayment; and (vii) the details of any previous activities related to modification of the loan. I also confirmed that the debtor is named on the applicable loan documentation and I identified the complete name of the Creditor as registered on the Portal (to the extent the Creditor is registered on the Portal).
3. In light of my due diligence, I [am aware of no reasons why the commencement of the LMP in this case would be futile or otherwise contrary to reasonable expectations of a successful outcome.] OR [I have a colorable argument for LMP notwithstanding the following fact(s) which might hinder the pursuit of a successful outcome: [IF KNOWN, COUNSEL MUST SPECIFY THESE FACT(S), for example, the debt-to-income ratio is outside of the standard range for loan modification, the loan was recently denied for modification, the loan is currently under a modification, and any similarly problematic facts]. I am moving for the commencement of the LMP because [FOR EACH OF THE AFOREMENTIONED FACTS, PROVIDE SPECIFIC REASONS WHY LMP IS SOUGHT IN GOOD FAITH].
4. I have fully complied with the requirements set forth in *W.PA.LBR 9020-2(b)(1), (2), and (3)* and I am prepared to upload the required documents to the Portal upon entry of the Loss Mitigation Order.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Attorney - Typed

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Postal Address of Attorney

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Email Address of Attorney

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Phone Number of Attorney

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Attorney’s Bar I.D. and State of Admission