



## EQUITY LINE OF CREDIT REINSTATEMENT REQUEST

Loan # \_\_\_\_\_

Customer's Last Name \_\_\_\_\_

*Please return this form only if you are requesting reinstatement to your equity line of credit.*

I, \_\_\_\_\_ the undersigned, do hereby state and declare as follows:

1. This certification concerns the above Rushmore Loan Management Loan number.
2. I am an authorized user of the equity line of credit loan. I am authorized to request the following changes to the account. Circle one:
  - a. My loan is current, all past due payments have been made, and I have not been 45+ days delinquent more than once in the last 6 months.
  - b. My credit score has improved (*documentation attached. i.e. credit report*).
  - c. The value of my property has increased (*documentation attached. i.e. appraisal, broker's price opinion, or comps obtained from my local real estate agent/broker*).

Primary Account Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Send this document to:

Rushmore Loan Management Services LLC  
Consumer Loan Department  
P. O. Box 55004  
Irvine, CA 92619-2262  
Fax: 844-897-5703

**Please allow 30 days for Rushmore Loan Management Services to complete the review of your account. We will send written notification of our decision to your request.**

If you have any questions, please call our Customer Service Department at 1-888-504-6700, during regular business hours Monday - Thursday from 6:00 a.m. to 7:00 p.m., Friday 6:00 a.m. to 6:00 p.m. (PT).