

STATEMENT OF COMPLETION & SATISFACTION

REQUIRED CLAIM FORM

By completing this form, you verify the damage has been repaired and restored to its original condition prior to the damages.

Loan Number:	
Property Address:	
Claim Number:	
Insurance Company:	

I/We hereby certify that the repairs to the property listed above have been completed and that the property has been restored to its original condition or better prior to the damages. This is to further certify that the proceeds of the claim number listed above have been used to pay all outstanding bills for labor and/or materials.

Borrower Signature

Date

Co-Borrower's Signature

Date

ANY QUESTIONS?

Please contact us at 1.800.590.9920 or 715.836.9999

CCFBank

Mortgage Servicing Department
PO Box 218, Altoona, WI 54720
loanmaint@ccf.us