**LMM Form 2 September 2021**

**UNITED STATES BANKRUPTCY COURT**

**WESTERN DISTRICT OF NORTH CAROLINA**

**[*insert correct division name*] DIVISION**

IN RE: )

)

)CASE NO.

)CHAPTER 13

TIN: XXX-XX- )

)

Debtor(s).)

)

**Certification of LMM Eligibility and Readiness**

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

[Debtor(s) name] (“Debtor(s)”) hereby certify that:

1. [I / We] will participate in the Court’s Loan Modification Management Program (“LMM”) 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 LMM process.
3. [I / We] will make Adequate Protection Payments to [FULL NAME OF CREDITOR] (the “Creditor”) in the amount of $ \_\_\_\_\_\_\_\_ each month during the LMM Period, unless and until otherwise ordered by the Court.
4. [I / We] understand that commencing the LMM 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 LMM.
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 LMM Period.
6. [I / We] understand that if [I / we] do not fully comply with the requirements of the LMM, our participation in the LMM may be terminated.
7. [I / We] have completed the tasks required by the Document Preparation Software and [I /we] have paid the non-refundable Document Preparation Software Fee directly to the Portal Manager. [My / Our] Initial LMM Package has been completed and is ready for signature and submission. Attached is the Certification of Document Preparation [I / we] received upon completion of the Document Preparation Software.
8. [I / We] understand and agree that upon issuance of the Order for Loan Modification Management, [I / we] will be required to pay (i) a non-refundable Portal Submission Fee directly to the Portal Manager, and (ii) $250 to the Facilitator (representing one-half of the Facilitator Fee).
9. Prior to filing the Motion for Loan Modification Management, [I / we] determined that: (select one)

\_\_\_\_ The Creditor is registered with the approved Portal.

\_\_\_\_ The Creditor is not registered with the approved Portal. [I / We] request that the Court require the Creditor (and the Creditor’s North Carolina counsel, if applicable) to register with the Portal and provide the Creditor’s most current Initial LMM Package to the Facilitator within ten days after the entry of the Order for Loan Modification Management. The Facilitator will promptly post the Initial LMM Package on the Portal after it is provided by the Creditor.

Date: Debtor

Date:

Joint Debtor (if any)

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

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

1. I have discussed the details of the Court’s LMM with the Debtor(s).
2. I performed adequate due diligence to determine the Debtor(s) eligibility for the LMM.
3. In light of my due diligence, I [am aware of no reason why the commencement of the LMM in this case would be futile or otherwise contrary to reasonable expectations of a successful outcome] OR [I have a colorable argument for the Debtor(s) participating in the LMM Program 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]. Nevertheless, I am moving for the commencement of the LMM because [FOR EACH OF THE AFOREMENTIONED FACTS, PROVIDE SPECIFIC REASONS WHY LMM IS SOUGHT IN GOOD FAITH].
4. I have fully complied with the requirements set forth in the LMM Program Procedures, and I am prepared to upload the required documents to the Portal upon entry of the Order for Loan Modification Management.

Date:

[Attorney Name]

[State Bar #]

[Address]

[Telephone #]

[Email address]

Attorney for Debtor(s)