

**Foreclosure
Modest Means Panel Application**

Name: (please print) _____

Please select the areas in which you would like to accept referrals:

Foreclosure (residential)

I certify that I practice and am qualified to accept foreclosure cases. I meet the LRIS membership requirements for receiving referrals from LRIS in this area and will maintain compliance with the requirements as long as I accept LRIS referrals.

Date _____ Signature _____