

Neighborhood Home Solutions  
1600 Dr. M. L. King Jr. St. South  
St. Petersburg, FL 33701



Dear Future Client:

I am looking forward to speaking with you.

In order to complete the modification processes please complete and provide copies of the documents requested. Upon receipt of the completed packet we will schedule an appointment for you.

Driver's License or Proof of ID  
Mortgage Statement  
Your 2013, 2012 & 2011 Federal Tax Return  
Past 2 months of Bank Statements  
Proof of Income for the past 30 days  
Household monthly bills  
If Self-employed, past 6 months bank statements and year to date Profit & Loss Statement.  
Homeowners Insurance Declaration Page

Please call me if you have any questions.

Thank you

Homeownership Counselor  
(727) 821-6897

Enclosed:  
Neighborhood Home Solution Packet  
Foreclosure Intervention Application  
Privacy Statement  
Authorization  
Client Agreement  
Dodd Frank  
Mortgage Scam Questionnaire  
Budget  
Hardship Affidavit

NEIGHBORHOOD HOME SOLUTIONS  
1600 DR. MARTIN LUTHER KING JR. STREET SOUTH  
ST. PETERSBURG, FL 33701  
TEL: (727) 821-6897 FAX: (727) 821-7457

FORECLOSURE INTERVENTION INTAKE FORM

CUSTOMER

Please Print Clearly

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City State Zip Code

Home: ( ) - - Work: ( ) - - Email: \_\_\_\_\_

Fax: ( ) - - Pager: ( ) - - Mobile/Cell ( ) - -

Social Security Number Birth Date / / No. of years at current address

Race (please circle):

- |                              |   |          |
|------------------------------|---|----------|
| 1. White                     | 3. Native Hawaiian/Other Pacific Islander | 5. Asian |
| 2. Black or African American | 4. American Indian/Alaskan Native         | 6. Other |

Ethnicity (please select "yes" or "no" for Hispanic Origin.

You should select both a "Race" category and a "yes" or "no" for

Hispanic: Yes No  
If yes, please specify: Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino

Are you foreign born? (Please select one): Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female Disabled? Yes No

Are you a Veteran? Yes No Are you Active Military? Yes No

Household Type (please select the most accurate)?

1. Female headed single parent household 2. Male headed single parent household 3. Single adult  
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: \_\_\_\_\_ How many dependents (other than those listed by any co-borrower)? \_\_\_\_\_

Age Male/Female, Age Male/Female, Age Male/Female, Age Male/Female, Age Male/Female,  
Age Male/Female, Age Male/Female, Age Male/Female, Age Male/Female, Age Male/Female,

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Annual Family or Household Income: \$ \_\_\_\_\_

Education (please circle one):

- |                              |                                      |                         |
|------------------------------|--------------------------------------|-------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent | 5. Masters Degree       |
| 3. Two-Year College          | 4. Bachelors Degree                  | 6. Above Masters Degree |

**LOAN INFORMATION** Please Print Clearly

Name of Mortgage Company \_\_\_\_\_ Loan # \_\_\_\_\_

Current Monthly Payment \$ \_\_\_\_\_

Do you have a letter of intent to foreclose? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ /Is there a sale date? Yes \_\_\_ No \_\_\_ What is the date? \_\_\_\_\_

What caused you to be late/delinquent? \_\_\_\_\_

Have you ever worked with another counseling agency? Yes \_\_\_ No \_\_\_ / If yes, which one? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you about to receive additional funds (e.g., tax refunds, inheritance, property sales, etc.)?

(please circle) Yes No If yes, how much? \$ \_\_\_\_\_

**CO-APPLICANT**

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City State Zip Code

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Birth Date

**Race** (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Other
- 6. Native Hawaiian/Other Pacific Islander

**Ethnicity** (please select "yes" or "no" for Hispanic Origin)

You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No  
If yes, please specify: Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino

Are you foreign born? (please select one): Yes No

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female Are you disabled? (please circle): Yes No

Are you a Veteran? (please circle): Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend  
Boyfriend Mother Father Other: \_\_\_\_\_

**ADDITIONAL INFORMATION (either CUSTOMER or CO APPLICANT)**

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				
State bankruptcy took place in _____			Name of Bankruptcy Attorney _____	

**CUSTOMER EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**CO APPLICANT EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month \_\_\_\_\_ monthly?

**ADDITIONAL INFORMATION**

Referred to by (please circle all that apply):

Print Advertisement

Bank

Government/Agency

TV

Realtor

HOPE Hotline

Walk-In

Friend

Radio

Newspaper Article

If you were referred by a bank, which one? \_\_\_\_\_

If referred by a source not listed above, how did you hear about NHS? \_\_\_\_\_

**AUTHORIZATION**

I/We hereby authorize Neighborhood Home Solutions to release/exchange information from my records in order to assist me in resolving a mortgage default. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in resolving a mortgage default.

I/We hereby give permission to pull my (our) credit report for the purpose of my (our) application for assistance in regards to my home mortgage. All information will be kept confidential between my Counselor and me. I further understand that Neighborhood Home Solutions will be held harmless for information received in this credit report.

I/We hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I/We understand that Neighborhood Home Solutions and its representative are not legal authorities and will not be held liable for any legal actions resulting in my case.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



Neighborhood Home Solutions

**Privacy Policy**

The St Petersburg NHS is committed to assuring the privacy of individual and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluation our services, gathering valuable research information and designing future programs.

**Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balance payments history, parties to transactions and credit card usage, tax statements, bank statements.
- Information we receive from a credit reporting agency, such as your credit history.

**You may opt-out to certain disclosures:**

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is directed to us not to disclose.
2. If you chose to “opt-out”, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your “opt-out” decisions, you may contact us in writing at **NHS at 1600 Dr. Martin Luther King Jr. Street South, St. Petersburg, FL 33701.**

**Release of information to third parties:**

1. So long as you have not “opted out”, we may disclose some or all of the information that we collect, as described above to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services, possible.
2. We may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know the information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Signature of Acknowledgement**

\_\_\_\_\_  
Name:

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

\_\_\_\_\_  
Name:

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



1600 Dr. MLK Jr. Street South, St Petersburg, FL 33701

### Third Party Authorization and Agreement to Release

Borrower: \_\_\_\_\_ Loan #: \_\_\_\_\_

Borrower: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

### Third Party Authorization and Agreement to Release

For the purpose of assisting in pursuing and negotiation a loss mitigation alternative, I/We hereby authorize (my lender/mortgage servicer) \_\_\_\_\_ to release or otherwise provide to of the **Neighborhood Home Solutions, HUD Agency ID #84065**) at (727) 821-6897 in his/her capacity as a **Housing Counselor** public and non-public personal financial information Contained in my loan account which may include, but is not limited to: loan balances, Final payoff statement, loan status, payment history, payment activity, and/or property information. This authorization and Agreement Is effective for one year from the date listed below as authorized by the client.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3<sup>rd</sup> party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she ask to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above name requestor or person identifying themselves to be that requestor.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

**Neighborhood Home Solutions**  
Counselor

\_\_\_\_\_  
Date



## Client Agreement

**Neighborhood Home Solutions** and its counselors agree to provide the following services:

1. I understand that (**Neighborhood Home Solutions**) provides foreclosure mitigation counseling after which I will receive a written action plan within 24 hours of my counseling session via US Postal, email or fax consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that (**Neighborhood Home Solutions**) receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and 3 years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of (**Neighborhood Home Solutions**)'s Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that (**Neighborhood Home Solutions**) provides information and education on numerous housing programs, and have financial relationships between (**Neighborhood Home Solutions**)'s and other industry partners. I understand that I am not obligated to use any of the services offered by (**Neighborhood Home Solutions**) or its exclusive partners.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that (**Neighborhood Home Solutions**) provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from (**Neighborhood Home Solutions**) in no way obligates me to choose any of these particular loan products or housing programs.
8. I understand that (**Neighborhood Home Solutions**) provides information, and education on numerous housing programs, loan products, and have financial relationships with other partners and that I are not obligated to receive any other services offered by the (**Neighborhood Home Solutions**) or its exclusive partners.

Client's signature \_\_\_\_\_

Date \_\_\_\_\_

Neighborhood Home Solutions, and its employees are **NOT** attorneys. The information provided in the document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This form is to be completed only for the purpose of providing Foreclosure Intervention & Default Counseling.

March 2011



### **Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date



Neighborhood Home Solutions

Mortgage Modification Scams Identification and Reporting

In order to help identify possible loan scams:

**Did anyone contact you offering assistance to modify your mortgage, whether directly by telephone or by other means such as by mail or a flyer?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign contract, redirect mortgage payments, sign over title to your property, or stop making loan payments?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Signature of Acknowledgement**

\_\_\_\_\_  
Name:

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

\_\_\_\_\_  
Name:

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

Modification Scams Prevention Network: <http://www.preventloanscams.org>

Suspected cases of loan scams should also be referred to the HUD Office of Inspector General  
OIG Hotline: • toll-free at 800-347-3735 • fax 202-708-4829 • email [hotline@hudoig.gov](mailto:hotline@hudoig.gov)

# Household Budget Worksheet

Use this sheet to determine your monthly budget. Include all expenses and income.

The last line in each block will auto-calculate for you. If you need another category, simply re-name a line that is not in use. If you see a category that does not apply to you, then leave it blank. For the most accurate results, be as accurate as possible.

Client: \_\_\_\_\_

LN# \_\_\_\_\_

Monthly Gross Home Income	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security	
Pension/Retirement	
Interest on Accounts	
Alimony / Child Support	
Real Estate rent (income)	
Investment Dividends	
Unemployment/Food Stamps	
Other/Room Mate	
<b>Total Gross Income</b>	

Monthly Living Expenses	
Alimony / Child Support (outgoing)	
Auto Gas and Repair	
Auto Insurance	
Cable TV/ Satellite Fees	
Charitable Contributions	
Child Care	
Children's Activities	
Clothing Maintenance (Dry cleaning)	
Clothing Purchases	
Electric Bill	
Food (In-home/Groceries)	
School Lunch	
Gas and Oil Bill	
Health and Dental Insurance	
Recreation (Boat, ATV, etc.)	
Homeowners/Insurance	
Household items	
Internet Access (AOL,MSN, DSL)	
Life and Disability Insurance	
Memberships (Health club etc.)	
Personal Care (Grooming)	
Prescriptions	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home, Cell, Pager)	
Trash Disposal	
Tuition and School Supplies	
Water Bill	
Other Expenses: Pet Expenses	
Other Expenses	
Other Expenses/Bus fare	
<b>Total Monthly Living Expenses</b>	

## Revised Budget

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

Secured Debts (Monthly Payments)	
Rent	
1st Mortgage	
2nd Mortgage	
Land Lease (Trailer park, other)	
Student Loans	
Auto Loans/Leases	
Homeowner/Condo fees	
Property Taxes	
Other Debts	
Other Debts	
Other Loans	
Other Loans	
<b>Total Secured Debt</b>	

Unsecured Debt	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Credit Card 6	
Credit Card 7	
Credit Card 8	
Personal Loan 1	
Personal Loan 2	
Medical Bill Payment	
Other	
Other	

## Summary

Total Take Home (Income )	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Unsecured Debt Payments (-)	
<b>Disposable Income (as a %)</b>	

*A healthy budget will have 5-10% disposable income. If your calculations reveal a deficit (in parentheses) you may be in serious debt.*

Sign \_\_\_\_\_

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

## Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Co-Borrower Name (first, middle, last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Property Street Address: \_\_\_\_\_  
 Property City, ST, ZIP: \_\_\_\_\_  
 Servicer: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

- |  |   |             |   |   |  |   |  |
|--|---|-------------|---|---|--|---|--|
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Borrower</td> <td style="text-align: center;">Co-Borrower</td> </tr> <tr> <td style="text-align: center;">Yes    No</td> <td style="text-align: center;">Yes    No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>    <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/>    <input type="checkbox"/></td> </tr> </table> | Borrower  | Co-Borrower | Yes    No   | Yes    No   | <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> | <p>My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."</p> |
| Borrower   | Co-Borrower                                       |             |   |   |  |   |  |
| Yes    No  | Yes    No   |             |   |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> |             |   |   |  |   |  |
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| Yes    No  | Yes    No   |             |   |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> |             |   |   |  |   |  |
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| Yes    No  | Yes    No   |             |   |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> |             |   |   |  |   |  |
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| Yes    No  | Yes    No   |             |   |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> |             |   |   |  |   |  |
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| Yes    No  | Yes    No   |             |   |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> |             |   |   |  |   |  |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes    No</td> <td style="text-align: center;">Yes    No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/>    <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/>    <input type="checkbox"/></td> </tr> </table>   | Yes    No   | Yes    No   | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."</p>  |   |  |
| Yes    No  | Yes    No   |             |   |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> <input type="checkbox"/> |             |   |   |  |   |  |

## Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information		<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>To be Completed by Interviewer</b>	Interviewer's Name (print or type)		Name/Address of Interviewer's Employer
<input type="checkbox"/> Face-to-face interview	Interviewer's Signature                      Date		
<input type="checkbox"/> Mail	Interviewer's Phone Number (include area code)		
<input type="checkbox"/> Telephone			
<input type="checkbox"/> Internet			

## Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or retained by Servicer in connection with the Home Affordable Modification Program.

_____	_____	_____	_____
Borrower Signature	Date	Co-Borrower Signature	Date
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # _____		Home Phone # _____	
Work Phone # _____		Work Phone # _____	
Social Security # _____		Social Security # _____	

Explanation:

Explanation (Continued):

[Empty rectangular box for explanation text]