



1600 DR. MARTIN LUTHER KING JR. STREET SOUTH  
ST. PETERSBURG, FL 33701  
OFFICE: (727)821-6897 – FAX (727) 821-7457  
WWW.NHSFL.ORG

Dear Applicant(s):

You have taken the first step to resolving your situation and we look forward to working with you. Please complete the forms and compile all of the documents as requested. If you have any questions, Please call us.

Please send **COPIES ONLY** of your documents, sending originals may delay your process.

NOTE: If both you and co-applicant are on the Mortgage Note, you must BOTH sign all documents in this intake packet and information must be submitted for both of you.

- ONE month of current pay stubs. If self employed most recent quarterly signed and dated year to date profit and loss statement. Proof of any/all other Income.
- Verification of other income sources (Social Security, Unemployment, Veterans Benefits, Child Support, TANF etc) and all assets (cash, bank accounts, retirement plans, or credit union accounts, etc.)
- Last two months of bank statements. (ALL PAGES, INCLUDING BLANK PAGES)
- Drivers License or picture ID of applicant(s). Social Security cards for applicant(s)/co-applicants
- Income tax returns for past two years along with W-2 forms. If self employed, proof of quarterly tax payments for the last four quarters and two years signed and dated income tax returns.
- Request for Transcript of Tax Return – Form 4506-T (Included)
- Home Affordable Hardship Affidavit (Included). On a separate page, please write a Short hardship letter explaining what caused you to fall behind (if applicable), on your mortgage payments.
- Divorce papers, if applicable.
- Current Month statements for ALL BILLS, i.e. cable, telephone, utilities, etc.
- Copy of Mortgage Statement, Note and Mortgage.
- Most recent correspondence from Mortgage Company.
- Legal Summons/Court documents you have received from Court of Lender's Attorney.
- Homeowners Insurance Statement and Property Tax Bill.
- \$4.00 Single or \$8.00 Couple Credit Report Fee (payable to NHS **Check or Money Order ONLY**)

# NEIGHBORHOOD HOME SOLUTIONS

1600 DR. MARTIN LUTHER KING JR. STREET SOUTH

ST. PETERSBURG, FL 33701

TEL: (727) 821-6897 FAX: (727) 821-7457

## *What is foreclosure?*

Foreclosure is the legal method that the borrower uses to repossess (take back) the collateral (home) due to non payment or default of the mortgage contract. When this happens, you must move out of your house. Additionally, if your property is worth less and the amount that you owe on the mortgage loan; you could be pursued by your lender or the US Department of Housing & Urban Development (HUD) for a deficiency judgment. If that happens, you will not only lose your home, but there would be an additional debt you would still owe your lender. Foreclosure or a deficiency judgment could seriously affect your ability to qualify for credit in the future and should be avoided if at all possible.

## *How will St Petersburg NHS help?*

We will begin the process by assisting you in determining possible plans for navigating this process. Be prepared to provide us with financial information, such as your monthly income and expenses and other documents. Without such information, we may not be able to assist you. Stay in your home. You may not qualify for assistance if you abandon your home.

## *What are my alternatives?*

Your options include the following:

- ❖ **Repayment agreement:** This is a scheduled set of payment amounts and dates sometimes used in partnership with forbearance and partial claim options.
- ❖ **Mortgage Modification:** You may be able to refinance the debt and/or extend the terms of your mortgage loan. This will help you catch up by possibly reducing the monthly payments to a more affordable level. You may qualify if you have recovered from a financial but your net income is less than it was before the default (failure to pay).
- ❖ **Partial Claim:** Your lender may be able to work with you to obtain an interest free loan from HUD to bring your mortgage current. You may qualify if:  
Your loan is at least four months delinquent, but no more than 12 months delinquent.  
Your mortgage is not in foreclosure; and  
You are able to begin making full mortgage payments.

When your lender files a Partial Claim, the US Department of Housing and Urban Development will pay your lender the amount necessary to bring your mortgage current. You must execute a Promissory Note, and a lien will be placed on your property until the Promissory Note is paid in full. The Promissory Note is interest free, and will be due if you sell or leave your property, or when your mortgage matures.

**Pre-Foreclosure Sale:** This will allow you to sell your property and pay off your mortgage loan to avoid foreclosure and damaging your credit rating. You may qualify if:

The “as-is” appraised value is at least 70% of the amount you owe and the sales price is 95% of the appraised value  
The loan is at least two (2) months delinquent prior to the pre-foreclosure sale closing date.  
You are able to sell your house within 3 – 5 months, depending on what your lender agrees to.  
An additional benefit to this option is the assistance you will receive with the seller paid closing costs.

**Deed in Lieu of Foreclosure:** As a last resort, you may be able to voluntarily “give back” your property to the lender. This won’t save your house, but will help your chances of getting another mortgage loan in the future. You can qualify if:

You are in default and you don’t qualify for any other options.  
Your attempts at selling the house before foreclosure were unsuccessful.  
You don’t have another FHA mortgage in default.

### **How do I know if I qualify for any of these alternatives?**

Our HUD certified counselors agency can help you determine which, if any, of these options may meet your needs. You should also discuss the situation with your lender.

### **Should I be aware of anything else?**

YES, beware of scams! Remember, solutions that sound too simple or too good to be true usually are. If you’re selling your home without professional guidance, beware buyers approaching you who try to rush you through the process. Unfortunately, there are people who may try to take advantage of your financial difficulty. Be especially alert to the following:

Equity Skimming – This type of scam involves a “buyer” approaching you and offering to get you out of financial trouble by promising to pay off your mortgage or give you a sum of money when the property is sold. The “buyer” may suggest that you move out quickly and deed the property to him or her. The “buyer” then collects rent for a time, does not make any mortgage payments, allowing the lender to foreclose. Remember that signing over the deed to someone else does not necessarily relieve you of your obligation on your loan.

Phony counseling agencies – Some groups calling themselves “counseling agencies” may approach you and offer to perform certain services you can do for yourself or with the assistance of an agency like NHS; such as negotiating a new payment plan with your lender, or pursuing another possible alternative. If you have any doubts about paying for such services, call a HUD approved counseling agency [Toll FREE (800) 569-4287] or (TTY (800) 877-8339)]. Do these before you pay anyone or sign anything.

### **Are there any precautions that I can take?**

Several precautions that should help you avoid being “taken” by a scam artist are:

Don’t sign any papers that you do not fully understand.  
Make sure that you get all the “promises” in writing.

Beware of any loan assumptions where you are not formally released from liability for your mortgage debt and contracts of sale.

Check with your mortgage company before entering into any deal involving your home.

If you're selling the house to avoid foreclosure, check to see if there are any complaints against the prospective buyer. You can contact your state's Attorney General, the state Real Estate Commission, or your local municipal housing office or District Attorney's Fraud Unit office for this type of information.

### **What are the main points that I should remember?**

Don't lose your home and damage your credit history if you can help it.

Call or write your mortgage lender immediately.

Stay in your home to make sure you qualify for assistance.

Arrange an appointment with a HUD certified counseling agency to explore your options.

Cooperate with the counselor or lender trying to help you.

Explore every alternative to losing your home.

Beware of scams!

Do not sign anything you don't fully understand. REMEMBER, signing over the deed does NOT relieve you of your loan obligation.

Act now! Delaying won't help. If you do nothing, you will lose your home and your good credit rating.

### **Who should I contact?**

**Local contact Neighborhood Home Solutions 727-821-6897 M- Fri. 9:00a.m. – 6:00 p.m.**

**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 \_\_\_\_\_

**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 \$ \_\_\_\_\_

Mother's Maiden Name: (for security purpose) \_\_\_\_\_

Are you currently working with a real-estate agent? (please circle) Yes No

**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)**

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
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 evaluating 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:



## 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 December 31, 2014 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



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 negotiating 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 #84069**) 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 asks 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 named requestor or person identifying themselves to be that requestor.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor 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)

## 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.

Borrower  
Yes No

Co-Borrower  
Yes No

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."

Yes No Yes No

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes No Yes No

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes No Yes No

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes No Yes No

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes No Yes No

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

## 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):

A large, empty rectangular box with a thin black border, intended for providing an explanation. It occupies the majority of the page's vertical space.



# Request for Transcript of Tax Return

(Rev. January 2008)  
Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
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**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

# 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# \_\_\_\_\_

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

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>	

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>	

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>	

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: \_\_\_\_\_

### 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

Making Home Affordable Program  
Hardship Affidavit



HARDSHIP AFFIDAVIT page 1

COMPLETE ALL TWO PAGES OF THIS FORM

▶ Loan I.D. Number \_\_\_\_\_ ▶ Servicer \_\_\_\_\_

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth

Property address (include city, state and zip): \_\_\_\_\_

*I want to:*  Keep the Property  Sell the Property

*The property is my:*  Primary Residence  Second Home  Investment Property

*The property is:*  Owner Occupied  Renter Occupied  Vacant

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable program.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> Other: _____	

Explanation (continue on back of page 2 if necessary): \_\_\_\_\_

Have you filed for bankruptcy?  Yes  No If yes:  Chapter 7  Chapter 13 Filing Date: \_\_\_\_\_  
Has your bankruptcy been discharged?  Yes  No Bankruptcy case number \_\_\_\_\_

**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.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
<i>Ethnicity:</i>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<i>Ethnicity:</i>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<i>Race:</i>	<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	<i>Race:</i>	<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
<i>Sex:</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<i>Sex:</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male

**To be completed by interviewer**

<i>This request was taken by:</i> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<i>Interviewer's Name (print or type) &amp; ID Number</i>	<i>Name/Address of Interviewer's Employer</i>
	<i>Interviewer's Signature</i> <i>Date</i>	
	<i>Interviewer's Phone Number (include area code)</i>	

**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ \_\_\_\_\_ Date

Borrower Signature

▶ \_\_\_\_\_ Date

Co-Borrower Signature

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.*

*If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

