

To: Loss Mitigation	
From: _____	Account Number(s) _____
Fax to: 1-866-709-4744	or mail to: Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA 19044

All of the following information must be completed and returned to determine eligibility:

- **Financial Analysis Form (Enclosed)**
- **A copy of the most recently filed signed federal income tax return, including all schedules and forms, for each borrower**
- **A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return) with all applicable fields completed for each borrower – (Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers.) (Enclosed)**
- **Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.**
- **Documentation to verify expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. Please see the chart below.**

TYPE OF INCOME	DOCUMENTATION REQUIRED
For each borrower who is paid by an employer:	<input type="checkbox"/> Copy of the two most- recent pay stubs from your employer including year-to-date information. Pay stubs or other documentation that shows year-to-date income must be submitted. Pay stubs cannot be more than 90 days old. If hired within the fiscal year of 2009, please include your employment start date.
Other earned income (e.g. bonus, commission, fee, housing allowance, tips, and/or overtime)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (e.g. an employment contract and/or printouts documenting tip income)
For each borrower who is self-employed:	<input type="checkbox"/> Copy of the most recent quarterly or year-to-date profit and loss statement
For each borrower who has benefit income such as Social Security, disability, death benefits, or pension:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who has income such as unemployment or public assistance:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income. <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who is relying on alimony or child support as qualifying income:	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of alimony or child support. Bank statements cannot be over 90 days old.
For each borrower who has rental income from an investment property:	<input type="checkbox"/> Copy of the most-recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. If the subject property, on which the modification is being requested, is not your primary residence, please include the following: <input type="checkbox"/> Copy of the current lease agreement for this property
For each borrower who has income not specified above:	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. This would include situations where the borrower rents a room of his or her primary residence to another person.

TYPE OF EXPENSE	DOCUMENTATION REQUIRED
For borrower(s) whose property requires Homeowners or Condominium Dues:	<input type="checkbox"/> A letter or billing statement from the Homeowners or Condominium Association or Co Op showing the amount and frequency of dues.

If you want to sell this property, please also include:

- Copy of the listing agreement
- Copy of the sales contract, if available
- Copy of the estimated Settlement Statement (HUD1), if available
- Signed Third Party Authorization Form

FINANCIAL ANALYSIS FORM

Account Number _____

I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property	
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home	<input type="checkbox"/> Investment
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter occupied	<input type="checkbox"/> Vacant

BORROWER	CO-BORROWER
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BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS			

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)	EMAIL ADDRESS
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Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____ Agent's Name: Agent's Phone Number: For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: Counselor's Phone Number: Counselor's Email:
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Who pays the Real Estate Tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	Who pays the hazard insurance policy for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co. _____ Insurance Co. Tel #: _____
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Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number _____

If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by *(Please check all that apply)*:

<input type="checkbox"/> My household income has been reduced or lost. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) 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 has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.	<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. 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).

Other _____

Explanation (Required):

If additional space is needed for Explanation, please include an additional page.

FINANCIAL ANALYSIS FORM
(Continued)

Account Number _____

INCOME/EXPENSES FOR HOUSEHOLD _____		NUMBER OF PEOPLE IN HOUSEHOLD _____			
1 - Monthly Household Income		2 - Monthly Household Expenses/Debt		3 - Household Assets	
Gross Salary/Wages		First Mortgage Payment		Checking Account(s) Balance	
Gross salary/wages = total monthly income before any tax withholding or employer deductions.	\$		\$		\$
Overtime	\$	Second Mortgage Payment/Liens/Rents	\$	Checking Account(s) Balance	\$
Child Support/Alimony*	\$	Insurance – hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment)	\$	Savings/Money Market	\$
Social Security/SSDI	\$	Property Taxes (If not escrowed and included in your current mortgage payment)	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$	Stocks/Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Health Insurance	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Other (investment income, royalties, interest, dividends etc) _____	\$	Medical Expenses	\$		
		Child Care	\$		
		Student Loans/Personal Loans	\$		
		Auto Expenses /Gasoline/Insurance	\$		
		Food/Household Supplies	\$		
		Water/Sewer/Utilities/Phone(s)/Cable	\$		
		Other _____	\$		
Total (Gross income)	\$	Total Debt/Expenses	\$	Total Assets	\$
<p>***** ALL INCOME MUST BE DOCUMENTED *****</p> <p>*Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.</p> <p>If additional space is needed, please include an additional page.</p>					

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		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race: <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	Race: <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		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
To be Completed by Interviewer			
This application was taken by:	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Signature Date		
	Interviewer's Phone Number (include area code)		

ACKNOWLEDGEMENT AND AGREEMENT

Account Number _____

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand 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 document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ration after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our 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/our 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.
- 13 My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
 My/Our property is not owner occupied.

Borrower Signature

Date

Co-Borrower Signature

Date

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you 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 you are signing the following documents 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 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 the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, 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. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

