



LAST NAME: _____

LOAN NUMBER: _____

REQUIRED DOCUMENT CHECKLIST

1. **Hardship Affidavit** The enclosed Hardship Affidavit must be **signed and dated by all borrowers.**
2. **IRS Form 4506-T** The enclosed IRS Form 4506-T must be **signed and dated by all borrowers.**
(SPECIAL NOTE: Each borrower must complete and sign this form. If you filed jointly, you can use one form, but be sure that both borrowers sign it.) This form provides authorization to retrieve past tax returns from the IRS. Actual copies of tax returns requested below are still required. There is no cost to you associated with this form.
3. **Occupancy Evidence** Provide **one (1)** of the following forms of documentation evidencing your occupancy of the property (utility bill, cable bill, water bill or phone bill).
4. **Homeowner's Association / Condo Dues Paid** Amount Paid Monthly \$ _____

- | | BWR | CO-BWR | CO-BWR | |
|-----|--------------------------|--------------------------|--------------------------|--|
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tax Returns – Copy of signed most recently filed tax returns with all schedules –
<i>Base this on the last tax return you filed. If you filed electronically, please print and sign the electronic copy and send.</i> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paystubs – Two (2) Most Recent for ALL borrowers – <i>Must be from the last 90 days.</i> |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bonus, Commission, Overtime, Housing Allowance or Tips – <i>This income requires a letter from your Employer that states that this income will, in all probability, continue.</i> |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copy of most recent quarterly or year to date profit / loss statement – <i>Applies ONLY to self-employed borrower(s).</i> |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social Security, Disability, Death Benefits, Pension, Public Assistance or Unemployment require the following documents: |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Copy of most recent federal tax return with all schedules and W-2.</i> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>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 three (3) years for social security, disability, death benefits or pension and at least nine (9) months for public assistance or unemployment to be considered qualifying income.</i> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Copy of two (2) most recent bank statements.</i> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alimony or Child Support Income |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received. Payments must continue for at least three (3) years to be considered qualifying income under this program.</i> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Proof of full, regular and timely payments (for example: deposit slips, bank statements, court verification or federal tax returns filed with schedules).</i> |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alimony or Child Support Payments |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be paid.</i> |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rental Income |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Copies of two (2) most recent years filed federal tax returns with all schedules, including Schedule E (Supplement Income and Loss). Rental income for qualifying purposes will be 75% of gross.</i> |



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HARDSHIP AFFIDAVIT

In order to qualify for Ocwen's offer to enter into an agreement to resolve my loan under the Federal Government's Home Affordable Modification Program (the "Agreement") or other possible resolutions, I (we) am (are) submitting this form to the Servicer and putting an "X" to define the one or more events that contribute to my (our) difficulty making payments on my (our) mortgage loan.

Enter "X" in the respective box for each borrower (BWR) where any of the following events apply:

Income has been reduced or lost

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unemployment</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to under employment or reduced job hours</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to reduced pay</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to decline in self-employed business earnings</i> |

Household financial circumstances have changed

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to death in family</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to serious or chronic illness</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to permanent or short-term disability</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased family responsibilities – adoption or birth of a child, taking care of elderly relatives or other family members</i> |

Expenses have increased

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increase in monthly mortgage payment or scheduled to increase</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to high medical and health care costs</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to uninsured losses (fire, natural disaster, etc.)</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unexpectedly high utility bills</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased real property taxes</i> |

Insufficient cash reserves to cover mortgage payment and basic living expenses at the same time

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts) not being equal to three (3) times my monthly debt payments</i> |

Debt payments are excessive and overextended with creditors

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to my use of credit cards, home equity loans or other credit to make my monthly mortgage payments</i> |



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By signing this document, I represent and warrant the following (check option that applies):

- I occupy the property listed above as my primary residence.
- I do not occupy the property listed above as my primary residence.

Borrower / Co-borrower(s) Acknowledgment:

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 that the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and 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.

Please provide contact information where your workout agreement should be sent, if approved.

E-mail Address _____ Fax Number _____

Please provide contact information where we may contact you to discuss your submission.

Home Phone # _____ Cell Phone # _____ Work Phone # _____

 Borrower Signature

Date

 Borrower Signature

Date

 Borrower Signature

Date