

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

On Page 2, you must disclose information about **all** of your income, expenses and assets. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

Loan Number: _____ (usually found on your monthly mortgage statement)

I want to: Keep the Property Vacate the Property Sell the Property Undecided

The property is currently: My Primary Residence Second Home An Investment Property

The property is currently: Owner Occupied Renter occupied Vacant

BORROWER		CO-BORROWER	
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
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$_____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____	
Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Total monthly amount: \$_____			
Name and address that fees are paid to: _____			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 If yes, what is the filing date? _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number: _____			
Is the borrower an active duty service member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has any borrower been deployed from his/her primary residence or received a Permanent Change or Station order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the any borrower the surviving spouse of a deceased servicemember who was on active duty at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MONTHLY BORROWER(S)/HOUSEHOLD INCOME FORM

Wage Earner(s) (Employed)		Self-Employed/Rental Income		Other Income	
Gross Wages (Pre-Tax)	\$	Business Income (Less Expenses)	\$	Social Security Income	\$
Overtime	\$	Rental Property 1	\$	Pension/Annuities/Retirement Plan	\$
Tips/Gratuities	\$	Rental Property 2	\$	Stock Dividends	\$
Commission	\$	Rental Property 3	\$	*Child Support/Separate M./ Alimony	\$
Bonus Income	\$	Rental Property 4	\$	Unemployment	\$
Car/Housing Allowance	\$	Boarding Income/Room Rent	\$	**Other Income (e.g., Royalty or Loans)	\$
Total Monthly Gross Income					\$

***Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

MONTHLY BORROWER(S) ASSET FORM

All Bank Account/Cash Balances		Investment Accounts/Other	
Other Cash on Hand	\$	Stock/Mutual Fund Account(s)	\$
Checking Account(s)	\$	Bond Investment(s)/Account(s)	\$
Savings Account(s)	\$	Note(s) Receivable	\$
Certified Deposit (CD) Account(s)	\$	Trust Account(s)	\$
Money Market Account(s)	\$	*Other Asset(s)	\$
Total Assets			\$

MONTHLY BORROWER(S) EXPENSE FORM

Monthly Housing Expenses		Monthly Transportation Expenses		Monthly Credit and Other Expenses	
First Mortgage Payment	\$	Car Payments (lease or own)	\$	Credit Cards (min. required pmt.)	\$
Other Mortgage Payment/Rent	\$	Car Insurance	\$	Personal Loans (non-auto loans)	\$
Homeowner's or Renter's Ins.	\$	Car Maintenance or Repair	\$	Student Loans	\$
Property Taxes	\$	Gas	\$	Alimony/Support	\$
HOA/Condo Fees	\$	Parking/Tolls	\$	Clothing/Beauty/Barber/Cosmetics	\$
Property Maintenance	\$	Taxes:	\$	Loans/Debts Payable to Others	\$
**Other Housing Expense	\$	**Other Transportation Expense	\$	**Other Expenses	\$
Monthly Utility Expenses		Monthly Medical Expenses		Monthly Food and Child Care Expenses	
Utilities (Gas, Electric, Water)	\$	Health/Dental/Vision Insurance	\$	Food/Groceries	\$
Internet/Cable	\$	Life Insurance	\$	Child Care/Support	\$
Trash Collection	\$	Medical Prescriptions	\$	School Tuition	\$
Telephone	\$	Medical Bills/Co-pays	\$	School Materials (e.g., Books):	\$
*Other Utility Expense:	\$	*Other Medical Expense:	\$	*Other Food/Child Care Expense:	\$
Total Monthly Expenses					\$

Real Estate Owned Schedule

Property Address	Mortgage Payment	Property Use (Primary Residence, Secondary Home, Investment Property)

**Explanation of Other Income/Assets/Expenses

Please Explain Source(s):

HARDSHIP AFFIDAVIT FORM

(provide a written explanation with this request describing the specific nature of your hardship)

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options. **Date Hardship Began is:** _____

I believe that my situation is:

- Short-term (under 6 months)
 Medium-term (6 – 12 months)
 Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check all that apply, submit required documentation demonstrating your hardship and attach additional pages if needed)

Note: the documentation required to demonstrate your hardship is in addition to the financial documentation previously requested within this notice.

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Underemployment	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income d documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills; OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<p>For active-duty servicemembers: Notice of Permanent Change of Station (PCS) or actual PCS orders.</p> <p>For employment transfers/new employment:</p> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer; OR <input type="checkbox"/> If none of these apply, provide written explanation In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax returns from the previous 2 tax filing years (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> • Bankruptcy filing for the business; or • Two months recent bank statements for the business account evidencing cessation of business activity; or • Most recent signed and dated quarterly or year-to-date profit and loss statement

UNIFORM BORROWER ASSISTANCE FORM

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or grantor of my mortgage, their agents(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief, or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted, and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this acknowledgement and Agreement are incorporated into such plan by referenced as if set forth in such plan in full.
 - b. My first timely payment under the plan may serve as acceptance to the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure the default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow accounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account, and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account, and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. The personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) payment history, and information about my account balances and activity. I understand and consent to the Servicer or authorized third party*, as well as any investor or grantor (such as Fannie Mae or Freddie Mac, disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support servicer to them; and
 - b. The U.S. Department of Treasury, Fannie and Freddie Mac in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided the lender/servicer/or authorized third party*. By checking this box, I also consent to being contacted by text messaging.

Borrower Signature

Date

Co-Borrower Signature

Date

* An authorized third party may include, but not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.