Request for Mortgage Assistance

Section 1: Borrower Information				
Property Address:			Lender Name & Address:	
Address (additional):				
City:	State:	Zip Code:	Mortgage Loan Number:	
Borrower:	Name:		Home Phone: ()	
SSN: Date of Birth:			Email Address:	
Mailing Address (If diffe	erent from above):		Cell Phone: ()	
Address (additional):			Work Phone: ()	
City:	State:	Zip Code:	Other: ()	
Co-Borrower:	Name:		Home Phone: ()	
SSN:	Date of Birth:		Email Address:	
Mailing Address (If diffe	erent from above):		Cell Phone: ()	
Address (additional):			Work Phone: ()	
City:	State:	Zip Code:	Other: ()	
	Property 🗖 Sell the Property			
The Property is my:	Primary Residence	Second Home	□ Investment	
The Property is:	Owner Occupied	□ Renter Occupied	□ Vacant	

Section 2: Hardship Affidavit

Reason for Delinquency				
I am requesting review for loan assistance or a foreclosure alternative				
I am having difficulty making my monthly payment because of financial difficulties created by (Check all that apply):				
My household income has been reduced. Example: My monthly debt payments are excessive, and I am overextended with				
Unemployment, underemployment, reduced pay or hours, decline in	my creditors. Debt includes credit cards, home equity, and other debts.			
business earnings, death, disability, or divorce of a borrower or co-				
borrower.				
□ My expenses have increased. Example: Monthly mortgage payment	□ My cash reserves, including all liquid assets, are insufficient to maintain			
reset, high medical or health care costs, uninsured losses, increased	my current mortgage payment and cover basic living expenses at the same			
utilities, or property taxes.	time.			
□ I am unemployed and (1) I am receiving/will receive unemployment	Other (Please provide a detailed explanation):			
benefits or (2) my unemployment benefits ended less than 6 months				
ago.				
Explanation (continue on a separate sheet of paper if necessary):				

Additional documentation may be required to support the hardship indicated above.

Please provide proof of hardship.

Section 3: Household Composition and Income

Name: Borrower:		Name: Borrower:		Name: Relationship to Borrower:		Name: Relationship to Borrower:	
Employment Wages	\$	Employment Wages	\$	Employment Wages	\$	Employment Wages	\$
Social Security/ Retirement/ Public Assistance	\$	Social Security/ Retirement/ Public Assistance	\$	Social Security/ Retirement/ Public Assistance	Ś	Social Security/ Retirement/ Public Assistance	\$
Disability	\$	Disability	\$	Disability	\$	Disability	\$
Child Support/ Alimony ¹	\$	Child Support/ Alimony1	\$	Child Support/ Alimony1	\$	Child Support/ Alimony1	\$
Unemployment	\$	Unemployment	\$	Unemployment	\$	Unemployment	\$
Rental	\$	Rental	\$	Rental	\$	Rental	\$
Non-Borrower/ Other	\$	Non-Borrower/ Other	\$	Non-Borrower/ Other	\$	Non-Borrower/ Other	\$
Total	\$	Total	\$	Total	\$	Total	\$

¹ You are not required to disclose Child Support, Alimony, or Separation Maintenance payments that you receive, un we evaluate you for loan assistance options.	less you want us to consider such p	ayments when
Borrower Income Details		
Please indicate whether or not your income is received for the full 12 months. (For example: "I am a teacher and months.")	receive my pay over 9 months inst	ead of 12
I receive the income listed over the full 12 months (please mark "Yes" or "No"):	□ Yes	🗆 No
If no above, please indicate the total number of months you receive this income (1-11):	Mo(s)	
Co-Borrower Income Details		
Please indicate whether or not your income is received for the full 12 months. (For example: "I am a teacher and r	receive my pay over 9 months inst	ead of 12
months.")		
	□ Yes	□ No

Please note: If the income of a non-borrower household member is offered to qualify for the modification, the FHA-HAMP program requires that each such nonborrower assume personal liability for the modified loan, as well as sign the permanent modification documents. The assumption will only occur if the Trial Period Plan is successfully completed, and the permanent modification documents are signed and returned in the time required.

Section 4: Liquid Assets

Please indicate your current balances. Please note: Exclude accounts designated for retirement or education (e.g., 401k, IRA, 529 plans)				
Type of Account	Current Balance	Bank		
Checking	\$			
Savings/Money Market	\$			
Brokerage Accounts	\$			
Additional Accounts	\$			
Additional Accounts	\$			
Additional Accounts	\$			

Section 5: Monthly Expenses

Include loan payments or other expenses deducted from paycheck				
Monthly Expenses	Monthly Payment	Comments		
Electricity	\$			
Home Phone/Internet	\$			
Natural Gas/Propane	\$			
Cable TV	\$			
Cell Phone	\$			
Sewer/Water	\$			
Car Payment	\$			
Groceries/Food	\$			
Child/Elder Care	\$			
Auto Maintenance/Gas	\$			
Property Taxes and Homeowner's Insurance	\$			
(If not included with your mortgage payment)				
Medical/Dental	\$			
Auto Insurance	\$			
Health Insurance	\$			
Life Insurance	\$			
Apparel and Services	\$			
Dry Cleaning	\$			
Housekeeping Supplies	\$			
Personal Care Products and Services	\$			
Education	\$			
Church/Club	\$			
Homeowner Association (HOA) Dues	\$			
Parking	\$			
Union Dues	\$			
Pet Expenses	\$			
Alimony/Child Support (Provide documentation)	\$			
Other Line of Credit (Please specify)	\$			
Other Line of Credit (Please specify)	\$			
Other Line of Credit (Please specify)	\$			
Other (Please specify)	\$			
Other (Please specify)	\$			
Other (Please specify)	\$			
TOTAL	\$			

Please note: Living expenses along with any other expenses (such as food, housekeeping supplies, apparel and services, personal care products and services, and miscellaneous) must be supported by bills and receipts. If supporting documentation is not supplied, allowances for the five necessary expenses established as national standards for food, clothing, and other items as part of the IRS Collection Financial Standards will be used in effort to support any evaluation.

irs.gov/pub/irs-utl/national_standards.pdf

Section 6: Acknowledgement and Agreement

- 1. All of the information in the Request for Mortgage Assistance (RMA) is truthful.
- 2. The Servicer, applicable federal and state government entities, the owner, insurer, and guarantor of my mortgage loan, and their respective agents, may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate federal or other applicable law.
- 3. I authorize the Servicer, and its agents and assigns, to obtain, assemble and/or use a current consumer report on me, and to investigate my eligibility for assistance and the accuracy of my statements and any documents that I provide in connection with my RMA. These consumer reports may include, without limitation, a credit report, and may be assembled and used at any point during and after the application process to assess each borrower's eligibility. I further authorize the Servicer and Other Loan Participants to obtain, use and share tax return and tax transcript information for purposes of determining or confirming my eligibility for mortgage assistance, verifying data, maintaining, managing, auditing, monitoring, servicing, enforcing, selling, insuring and securitizing my loan, or for any other purpose permitted by applicable law. The term Servicer includes Servicer's affiliates, agents, service providers, and any of their respective successors and assigns. The term Other Loan Participants includes any actual or potential owners of the loan, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties, and any of their respective successors and assigns.
- 4. If I have intentionally defaulted on my existing mortgage or engaged in fraud, or if any statement or information in the documents that I provide is deemed materially false and that I was ineligible for assistance, the Servicer or its agents, may terminate my participation, including any right to future benefits and incentives that otherwise would have been available and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives that I previously received.
- 5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
- 6. I certify that I am willing to provide all requested documents and to respond timely to all Servicer communications. **Time is of the essence.**
- 7. If I am eligible for assistance and accept the terms of a notice, plan, or agreement, I agree that the terms of this Acknowledgment and Agreement are fully incorporated into such notice, plan, or agreement by reference. My first timely payment, if required, after my Servicer's notification of my eligibility or prequalification for assistance may, at my Servicer's option, serve as my acceptance of the terms set forth in that notice, plan, or agreement.
- 8. My Servicer will collect and record personal information that I submit during the evaluation process, such as my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity.
- 9. I consent to being contacted about this RMA at any e-mail address or telephone number I have provided to the Servicer, including text messages and telephone calls.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature

Date

Co-Borrower Signature

Date