

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.

- | | | | | | | | |
|--|---|-------------|---|---|--|---|--|
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Borrower</td> <td style="text-align: center;">Co-Borrower</td> </tr> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Borrower | Co-Borrower | Yes No | Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>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."</p> |
| Borrower | Co-Borrower | | | | | | |
| Yes No | Yes No | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Yes No | Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>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."</p> | | |
| Yes No | Yes No | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Yes No | Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>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."</p> | | |
| Yes No | Yes No | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Yes No | Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>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."</p> | | |
| Yes No | Yes No | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Yes No | Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>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."</p> | | |
| Yes No | Yes No | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Yes No | Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <p>There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."</p> | | |
| Yes No | Yes No | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |

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		Interviewer's Name (print or type)	
<input type="checkbox"/> Face-to-face interview		Interviewer's Signature	
<input type="checkbox"/> Mail		Date	
<input type="checkbox"/> Telephone		Interviewer's Phone Number (include area code)	
<input type="checkbox"/> Internet		Name/Address of Interviewer's Employer	

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: _____

