

Mortgage assistance application

About you

Borrower

First name

Last name

Social Security number

Date of birth
 / /

Phone numbers

Home
() -

Mobile
() -

Work
() -

Mailing address

Street (line 1)

Street (line 2)

City State ZIP code

Email address

Co-borrower

First name

Last name

Social Security number

Date of birth
 / /

Phone numbers

Home
() -

Mobile
() -

Work
() -

Mailing address Check box and skip to the next page if the address is the same as borrower's

Street (line 1)

Street (line 2)

City State ZIP code

Email address

QUICK TIP

For additional copies of this form, or to complete it digitally, visit **Documents and Forms** on wellsfargo.com/homeassist.

Active duty

| | | |
|--|--|--|
| Is any borrower an active duty service member? | Has any borrower been deployed away from their home or received a Permanent Change of Station order? | Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

About your property

| | | | |
|--|---|--|---|
| Your property is a: | Your property is: | How many people live in your property? | What is your intent with your property? |
| <input type="checkbox"/> Primary residence | <input type="checkbox"/> Owner occupied | <input type="text"/> | <input type="checkbox"/> Keep |
| <input type="checkbox"/> Secondary residence | <input type="checkbox"/> Renter occupied | | <input type="checkbox"/> Sell |
| <input type="checkbox"/> Investment property | <input type="checkbox"/> Vacant | | <input type="checkbox"/> Vacate |
| | | | <input type="checkbox"/> Undecided |
| What is the address of your property that you are seeking assistance on? | <input type="checkbox"/> <small>Check box and skip to the next page if the address is the same as borrower's</small> | | |
| Street (line 1) | City | State | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Street (line 2) | ZIP code | | |
| <input type="text"/> | <input type="text"/> | | |
| Insurance company name | Insurance company phone number | | |
| <input type="text"/> | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Is your insurance policy current? | | | |
| <input type="checkbox"/> Yes | | | |
| <input type="checkbox"/> No | | | |

Is your property tax paid by us through an escrow account?

| | |
|--|-------------------------------|
| <input type="checkbox"/> Yes (skip to the next question) | If no: Are the taxes current? |
| <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |

Is your homeowners insurance paid by us through an escrow account?

| | |
|--|--|
| <input type="checkbox"/> Yes (skip to the next question) | If no: Who pays for it? |
| <input type="checkbox"/> No | |
| | <input type="checkbox"/> I do |
| | <input type="checkbox"/> Paid by condominium or homeowners association |

Do you pay condominium, co-op, or homeowners association fees?

| | | | |
|---|---------|--------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | If yes: | How much do you pay per month? | Are your fees current? |
| | | <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No (skip to the next question) | | \$. | <input type="checkbox"/> No |
| | | Paid to | |
| | | First name | Last name |
| | | <input type="text"/> | <input type="text"/> |
| | | Or company name | |
| | | <input type="text"/> | |
| | | Street (line 1) | |
| | | <input type="text"/> | |
| | | Street (line 2) | |
| | | <input type="text"/> | |
| | | City | State ZIP code |
| | | <input type="text"/> | <input type="text"/> |

Do you have any additional mortgages on your property?

- Yes
- No (skip to the next question)

If yes: Complete the information for your Servicer(s).

Servicer's name

Loan number

Phone number

() -

Balance

\$.

QUICK TIP

Not sure who your Servicer is? Check your monthly mortgage billing statement.

Servicer's name (if additional mortgages)

Loan number

Phone number

() -

Balance

\$.

Do you have any additional liens or judgments on your property?

- Yes
- No (skip to the next question)

If yes: Complete the information for your lien holder(s).

Lien holder's name

Phone number

() -

Balance

\$.

Lien holder's name (if additional liens)

Phone number

() -

Balance

\$.

Is your property currently listed for sale?

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the "About your employment" section) | If yes: When was your property listed? M M / D D / Y Y Y Y |
| Are you engaging an agency/agent to sell your property? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the "About your employment" section) | If yes: What is the agency/agent name? <input type="text"/> What is the agency/agent's phone number? (<input type="text"/>) <input type="text"/> - <input type="text"/> |
| Have you received an offer on your property? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: When was the offer received? M M / D D / Y Y Y Y When is the closing date? M M / D D / Y Y Y Y How much is the offer? \$ <input type="text"/> . <input type="text"/> |

About your employment

Is the borrower employed?

| | |
|------------------------------|--|
| <input type="checkbox"/> Yes | When did the borrower begin their primary job? M M / D D / Y Y Y Y When did the borrower begin their secondary job? (if applicable) M M / D D / Y Y Y Y |
| <input type="checkbox"/> No | When did the borrower become unemployed? (if applicable) M M / D D / Y Y Y Y |

Is the co-borrower employed?

| | |
|------------------------------|--|
| <input type="checkbox"/> Yes | When did the co-borrower begin their primary job? M M / D D / Y Y Y Y When did the co-borrower begin their secondary job? (if applicable) M M / D D / Y Y Y Y |
| <input type="checkbox"/> No | When did the co-borrower become unemployed? (if applicable) M M / D D / Y Y Y Y |

Financial worksheets

All income you receive must be disclosed. Include the combined income and expenses from the borrower and co-borrower (if any). Individuals at your property address who are not on the loan as co-borrowers are considered non-borrowers, and they can contribute income to the review of your loan modification. They should fill out the Non-borrower Financial Contribution Form.

What is your monthly household income?

| | | |
|---|----|----------|
| Example | \$ | 2,500.00 |
| Monthly gross wages (before taxes and deductions) | \$ | . |
| Overtime | \$ | . |
| Tips, commissions, and bonus income | \$ | . |
| Other monthly income from retirement plans, pension plans, and veteran benefits | \$ | . |
| Nontaxable Social Security and Social Security Disability Insurance | \$ | . |
| Taxable Social Security benefits | \$ | . |
| Boarder income | \$ | . |
| Rental income | \$ | . |
| Child support, alimony, and separate maintenance | \$ | . |
| Food stamps and welfare | \$ | . |
| Self-employment income | \$ | . |
| Unemployment income | \$ | . |
| Other income, including investment income and royalties | \$ | . |
| Total | \$ | . |

What are your household assets?

| | | |
|---|----|---|
| Checking account(s) | \$ | . |
| | \$ | . |
| Savings/money market account(s) | \$ | . |
| | \$ | . |
| Certificates of deposit (CDs) | \$ | . |
| | \$ | . |
| Stocks and bonds | \$ | . |
| | \$ | . |
| Other cash on hand | \$ | . |
| Estimated value of real estate beyond this property | \$ | . |
| Other | \$ | . |
| Total | \$ | . |

QUICK TIP

Do not include retirement plans when calculating assets (401(k), pension funds, IRAs, Keogh plans, etc.).

What are your monthly household expenses and debt?

| | | |
|--|----|---|
| First mortgage payment | \$ | . |
| Property taxes | \$ | . |
| Homeowners insurance | \$ | . |
| Homeowners association fees and condominium and co-op fees | \$ | . |
| Second mortgage payment | \$ | . |
| Additional mortgage payments on other properties | \$ | . |
| Rent | \$ | . |
| Water, sewer, and utilities | \$ | . |
| Internet, cable/satellite, and home/mobile phone | \$ | . |
| Credit cards | \$ | . |
| Personal loans | \$ | . |
| Tuition | \$ | . |
| Installment loans | \$ | . |
| Auto loans | \$ | . |
| Auto leases | \$ | . |
| Car insurance, gas, and maintenance | \$ | . |
| Health insurance (<i>not withheld from pay</i>) and medical expenses | \$ | . |
| Life insurance premiums (<i>not withheld from pay</i>) | \$ | . |
| Child support, alimony, and separate maintenance | \$ | . |
| Child care | \$ | . |
| Home maintenance | \$ | . |
| Groceries | \$ | . |
| Religious contributions and charitable contributions | \$ | . |
| Other | \$ | . |
| Total | \$ | . |

QUICK TIP

The second mortgage payment refers to a second mortgage on the same residence you are seeking assistance on (not another property).

QUICK TIP

A fixed term installment loan usually requires a set of scheduled repayments over time, e.g., student loan.

Hardship affidavit

Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

| | |
|--|--|
| This hardship began: | We believe that this hardship is: |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> Short term (less than 6 months) <input type="checkbox"/> Long term or permanent hardship (12+ months) |
| | <input type="checkbox"/> Medium term (6-12 months) |

We have difficulty making our monthly payment because of:

Check all of the financial difficulties that are relevant to you and describe each in a few sentences.

| | |
|---|---|
| <input type="checkbox"/> Reduced household income due to circumstances outside our control <ul style="list-style-type: none">• Reduced pay or hours• Elimination of overtime | <i>Explain in a few sentences . . .</i> |
| <input type="checkbox"/> Behind on overall monthly debt payments <ul style="list-style-type: none">• Credit cards• Mortgage• Student loans | |
| <input type="checkbox"/> Increased expenses <ul style="list-style-type: none">• Utilities or property taxes• Medical or healthcare costs• Uninsured losses• Employment relocation | |
| <input type="checkbox"/> Insufficient liquid assets to maintain current mortgage payment and cover basic living expenses at the same time <ul style="list-style-type: none">• Cash on hand• Certificates of deposit (CDs)• Savings accounts | |
| <input type="checkbox"/> Unemployment or underemployment | |

| | |
|--|--|
| <input type="checkbox"/> Natural or man-made disaster adversely impacting the property or place of employment | |
| <input type="checkbox"/> Business failure or decline in business earnings | |
| <input type="checkbox"/> Divorce or legal separation, or separation unrelated by marriage, civil union, or similar domestic partnership under applicable law | |
| <input type="checkbox"/> Long-term or permanent disability, or serious illness, affecting us or a dependent family member | |
| <input type="checkbox"/> Death of either the primary or secondary wage earner in the household | |
| <input type="checkbox"/> Other | |

Assistance to date

Have you or your co-borrower previously received a modification on your primary residence?

Yes
 No (skip to the next question)

If yes: Was this a Home Affordable Modification Program trial period plan or modification?
 Yes
 No

How many single-family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?

How many had a modification?

Have you filed for bankruptcy?

Yes
 No (skip to the next question)

If yes: What chapter?
 Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

What is your bankruptcy case number?

When did you file?
MM / DD / YYYY

Was your mortgage reaffirmed?
 Yes
 No

Has your bankruptcy been discharged?
 Yes
 No

QUICK TIP
Check correspondences with the court for your bankruptcy case number.

Have you contacted a credit-counseling agency for help?

Yes
 No

If yes: Please provide your counselor's information

Agency name Counselor's name

Phone number
() -

Email address

Information for government use

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 you 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 and surname if you have made this request for assistance in person.

Borrower

| | |
|--|---|
| Sex: | Ethnicity: |
| <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Female | <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 | |

Co-borrower

| | |
|--|---|
| Sex: | Ethnicity: |
| <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Female | <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 | |

To be completed by interviewer only

| | | |
|--|---|----------------------|
| Interviewer information | | |
| Name (print or type) | | |
| <input type="text"/> | | |
| ID number | | |
| <input type="text"/> | | |
| Phone number | | |
| (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> - <input type="text"/> | |
| Employer name | | |
| <input type="text"/> | | |
| Employer street (line 1) | | |
| <input type="text"/> | | |
| Employer street (line 2) | | |
| <input type="text"/> | | |
| City | State | ZIP code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|---|-----------------------------------|
| How was this interview conducted? | |
| <input type="checkbox"/> Face-to-face interview | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Internet |

| |
|--|
| Interviewer's signature |
| <input type="text"/> |
| Date |
| <input type="text"/> / <input type="text"/> / <input type="text"/> |