

Uniform Borrower Assistance Form



110D

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) information on the property's status; (3) real estate taxes; (4) home owner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) information concerning other liens, if any, on your property.

On Page 2 you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. 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. You will also be required to write a hardship letter explaining the details of the situation.

NOTICE: In addition 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.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506-T; (3) required income documentation, and (4) required hardship documentation.

AUTO INFORMATION	
Loan I.D. Number (usually found on your monthly mortgage statement)	
I want to:	<input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property
The property is currently:	<input type="checkbox"/> My Primary Residence <input type="checkbox"/> A Second Home <input type="checkbox"/> An Investment Property
The property is currently:	<input type="checkbox"/> An Investment Property <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant
BORROWER	CO-BORROWER
Borrower's Name	Co-Borrower's Name
Social Security #	Social Security #
Date of Birth	Date of Birth
Home Phone	Home Phone
Cell Phone	Cell Phone
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 <i>(if yes, provide a copy of the current listing agreement)</i> 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: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale By Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	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: _____
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address that fees are paid to: _____	Total monthly amount: \$ _____
Are the fees paid and current? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list the total delinquent amount: \$ _____	Legal proceedings started? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number: _____	

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MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES/DEBT		HOUSEHOLD ASSETS (associated with the property and/ or borrower(s))	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings/Money Market	\$
Non-taxable social security/SSI	\$	Property Taxes	\$	401k/ IRA/403B/Keogh/ ESPO Accounts	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards/Installment Loan(s)(total minimum payment per month)	\$	Stocks/Bonds/CDs	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments*	\$	Other Cash on Hand	\$
Rents Received	\$	Car lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Cars/Vehicles #_____	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties (PITI)	\$	Life Insurance (Whole Life not Term)	\$
Other	\$	Other	\$	Other	\$
Total (Gross Income)	\$	Total Debt / Expenses	\$	Total Assets	\$

Lien Holder's Name	Balance/Interest Rate	Loan Number
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REQUIRED INCOME DOCUMENTATION	
<input type="checkbox"/> Do you earn a wage? For each borrower who is a salaried employee, include the most recent pay stubs that reflects at least 30 days of year-to-date earnings for each borrower for all positions (include any part-time positions held) AND most recent bank statements (all pages).	<input type="checkbox"/> Are you self-employed? For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly OR year -to-date profit/loss statement that reflects activity for the most recent three months; AND copies of bank statements for the business account for the last two months evidencing continuation of business activity.
<input type="checkbox"/> Do you have any additional sources of income? Provide for each borrower as applicable as well as 1 full month of bank statements:	
"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime: <ul style="list-style-type: none"> <input type="checkbox"/> Reliable third -party documentation describing the nature of the income (e.g., employment contract or printouts documenting tip income). 	
Social Security, disability or death benefits, pension, public assistance, or adoption assistance: <ul style="list-style-type: none"> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statements from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. 	
Rental Income: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property, if applicable; OR <input type="checkbox"/> If rental income is not reported on Schedule E- Supplement Income and Loss, provide a copy of the current lease/rental agreement with either bank statements or canceled rent checks demonstrating receipt of rent. 	
Investment Income: <ul style="list-style-type: none"> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. 	
Alimony, child support, or separation maintenance payments as qualifying income:* <ul style="list-style-type: none"> <input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment. 	
*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.	

HARDSHIP AFFIDAVIT (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 long-term mortgage relief options. Date Hardship Began is: _____	
I believe that my situation is: <input type="checkbox"/> Short term (under 6 months) <input type="checkbox"/> Medium term (6-12 months) <input type="checkbox"/> Long-term or Permanent Hardship (greater than 12 months)	
I am having difficulty making my monthly payment because of reason set forth below: (Please check all that apply and submit required documentation demonstrating your hardship)	
IF YOUR HARDSHIP IS:	THEN THE REQUIRED HARDSHIP DOCUMENTATION IS:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Unemployment filing/unemployment benefit information showing file date and duration of benefits <input type="checkbox"/> Bank statements (1 month) showing deposits showing weekly payment amount <input type="checkbox"/> Termination letter (if applicable)
<input type="checkbox"/> Underemployment	<input type="checkbox"/> Pay stubs (1 mo) from previous position complete with year to date information <input type="checkbox"/> Pay stubs (1 mo) from current position complete with year to date information <input type="checkbox"/> Federal Tax Returns from previous year complete with all schedules <input type="checkbox"/> W-2 Statements from last year AND W-2 from previous position
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> Pay stubs from previous position, Federal Income Tax returns from last year, W-2 from last year, 1 month bank statements AND 30 days pay stubs and/or offer letter demonstrating the new pay rate
<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 or separation agreement signed by the court AND <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	<input type="checkbox"/> Letter from employer stating date of transfer <input type="checkbox"/> Documentation supporting any changes to income as a result of transfer (e.g. letter from employer, pay stubs, etc)
<input type="checkbox"/> Business failure	<input type="checkbox"/> Tax return from the previous year (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

BORROWER/CO-BORROWER ACKNOWLEDGMENT AND AGREEMENT

1. I certify that 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. I understand and acknowledge that the Servicer, owner or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
3. I understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
4. I understand that 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. I certify that my property has not received a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but 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.
8. If I am eligible for a repayment plan, forbearance plan, workout option and/or modification and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a modification, repayment plan or forbearance plan (when applicable) or other workout option will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the workout option, modification repayment plan or forbearance plan.
9. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, modification, forbearance plan or other workout option, it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
10. I agree that any prior waiver as to my payment of escrow items to Servicer in connection with my loan has been revoked.
11. If I qualify for and enter into a repayment plan, forbearance plan, modification and/or other workout option I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
12. I understand that Servicer will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD certified housing counselor.
13. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This can include text messages and telephone calls to my cellular or mobile telephone

Name (print)	Signature	Date
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Name (print)	Signature	Date
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****Before mailing, make sure you have signed and dated the form and attached copies of the appropriate documentation****