
PREPARING TO APPLY FOR MODIFICATION OR REFINANCE

Documentation Checklist



2020 - 2021

LAKE COUNTY HOUSING AUTHORITY - 33928 N US HIGHWAY 45, GRAYSLAKE, IL 60030 - 847-223-1170
LCHA is HUD-Approved Housing Counseling Agency # 80113

Complete and submit the following intake documents:

- LCHA Intake Packet (Signed & dated)
- Financial Worksheet (Signed & dated)
- 4506T-EZ (Filled out, signed & dated)
- Borrower Hardship Letter (Signed & dated)
- Borrower RMA (for loan modifications ONLY)

Collect the following supportive documents:

- **Identification:**
 - Copy of State of Illinois Driver's License, State ID, or US Passport (cannot be expired)
 - TWO different utility bills from the last 45 days
- **Income:**
 - Last filed Tax Return including all Schedules (Signed & dated)
 - Tax Return including all Schedules for the year prior to your hardship date (Signed & dated)
 - Most recent W2s
 - Most recent 3 months consecutive pay stubs
 - Unemployment income documentation
 - letter showing gross benefits from Illinois Department of Employment Security (IDES)
 - Self-employed income documentation
 - most recent 2 quarters of Profit & Loss Statements and Business Bank Statements
- **Other income:**
 - Social Security Income (Provide Award Letter or Recent Statement)
 - Pension Income (Provide Award Letter or Recent Statement)
 - Rental Income (Provide Rental Agreement, Statements and Receipts)
 - Social Security Disability Income (Provide Award Letter or Recent Statement)
 - Workman's Compensation/Temporary Disability (Provide Award Letter)
 - Child Support/Alimony
 - (Court Ordered Document Indicating Payment of or Receipt of Child Support and/or Alimony)
 - Annuities/Investment Income (Provide Most Recent Statement for All Accounts)
- **Assets:**
 - Three month's bank statements for all accounts of the borrower and coborrower
 - Including Savings, Checking, 401k, Pension, Retirement, Stocks, Bonds, Mutual Funds, etc
- **Property:**
 - Most recent mortgage statement for both 1st and 2nd mortgages (can include past due balance)
 - Property tax bill or print out from the county tax assessor's office or treasurer's office with current tax amount if paid separately (i.e., not escrowed)
 - Homeowner's insurance statement if paid separately (i.e., not escrowed)
 - Proof of Homeowner Association Dues/Assessments/Condo Fees if applicable
- **Other, If Applicable**
 - Death Certificate of Deceased Borrower/Co-Borrower/Title Holder
 - Divorce Decree between Borrower/Co-Borrower/Title Holder
 - Military Active Duty Assignments Documents



Housing Counseling Application

Name: _____

Office Use Only:

Case Number: _____

Open Date: _____

Counselor: _____

Closed Date: _____

Address/Apt _____

City/State/Zip _____

Phone: _____ Email: _____

The following information is requested by our funders and/or the federal government to monitor compliance with the federal statutes that prohibit discrimination in housing.

1. Number of people in household: _____
2. Marital Status (check one): ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
3. Highest Level of Education (check one): ☐ GED ☐ H.S. ☐ Some College ☐ BA/BS ☐ Masters ☐ Phd
4. Are you of Hispanic ethnicity? (check one): ☐ Yes ☐ No
5. Race (check all that apply): ☐ Asian ☐ Af-American / Black ☐ Caucasian/ White
☐ Multi-Race ☐ Other (please specify): _____
6. Are you (check as applies): ☐ Single Parent ☐ Disabled ☐ Veteran ☐ In Need of Language Services
7. Do You: ☐ Rent ☐ Own Current monthly mortgage/rental payment: \$ _____
8. List **ALL** income sources for your household, including other household members, **before** taxes or deductions:

Amount	Source of Income	Frequency (check one)
		2 Weeks Monthly Yearly
		2 Weeks Monthly Yearly

I hereby verify that I have received Fair Housing information/material regarding rights and remedies available under federal, state, and local fair housing and civil rights laws.

Counseling services and other forms of assistance that may be offered by Lake County Housing Authority, its affiliates or directors, officers, employees, agents or partners may also be offered by other providers. You are under no obligation to utilize services from Lake County Housing Authority, regardless of the recommendations made by counselors. Housing Counseling clients are not obligated to use any program or service offered by LCHA, their affiliates or partners. The Office of Housing Counseling will provide information on alternative programs and services. Clients should consider a variety of options and select the resources that best addresses their needs. Updated 10/2/2019.

Signature _____

Social Security # _____

D.O.B. _____

Date _____

For Office Use Only:

<input type="checkbox"/> <30% AMI	<input type="checkbox"/> 50-80% AMI	<input type="checkbox"/> 80-100% AMI	<input type="checkbox"/> >100% AMI
<input type="checkbox"/> Homeless	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Predatory Lending	<input type="checkbox"/> Fair Housing
<input type="checkbox"/> Rental	<input type="checkbox"/> Pre-Purchase	<input type="checkbox"/> Post-Purchase	<input type="checkbox"/> Delinquency/Foreclosure



Lake County Housing Authority
33928 North US Highway 45, Grayslake, IL 60030
847-223-1170

Disclosure to Client for HUD Housing Counseling Services
Lake County Housing Authority

Services Offered:

Our agency provides the following HUD one-on-one housing counseling services:

- Pre-Purchase/Home Buying
- Non-Delinquency Post-Purchase
- Homeless Assistance
- Predatory Lending
- Resolving or Preventing Delinquency or Default
- Rental Counseling
- Financial Literacy
- Fair Housing

**See back of this page for descriptions*

All services offered one-on-one are also offered in workshop format.

Relationships with Industry Partners:

LCHA maintains formal and informal affiliations with such agencies as the Illinois Housing Development Authority, Housing Action Illinois, Lake County Continuum of Care, the Community Partners for Affordable Housing, Catholic Charities, Community Action Partnership of Lake County, and Prairie State Legal Services. As a housing counseling program participant, you are not obligated to use the products and services of LCHA or our industry partners. A full list of these affiliate organizations will be furnished upon request.

No Client Obligation:

Participation in our HUD housing counseling services does not obligate you to receive, purchase, or use any other services offered by this agency or by parties mentioned above or any other party.

Alternatives:

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

I have read and received a copy of this disclosure

SIGNATURE

NAME

DATE

This disclosure was conveyed verbally via a virtual/telephonic session:

YES / NO

Counselor /Agency Signature

Name

Date

A. Pre-Purchase/Home Buying: Your comprehensive pre-purchase counseling will cover the entire homebuying process from beginning to end. This includes budgeting, finding a lender, types of mortgages, predatory lending, down payment assistance, credit reporting and scores, PITIA, closing costs, closing documents, purchase contracts, assembling your home buying team, negotiating home price, flood insurance, taxes, loan servicer sales and any other homeownership topic relevant to successfully maintaining a home. You will also receive important material on home inspection, fair lending, pre-foreclosure, and the dangers of lead.

B. Resolving or Preventing Mortgage Delinquency or Default: Your counselor will provide guidance on the consequences of default and foreclosure, your loss mitigation options, repayment plans, preparing the packet and advocating to your lender for a loan modification, reinstating your loan and the future consequences thereof. Your counselor will examine your income, expenses and circumstances to determine the cause of delinquency and how it can be avoided going further. A comprehensive and sustainable budget is established, and an action plan set forward to achieve goals and overcome obstacles. If necessary, your counselor will provide resources and referrals to outside agencies to address associated issues that this agency is not equipped to address. If it is established that you are unable to maintain your loan and stay in your home, your counselor will guide you through the process of locating and establishing a rental unit.

C. Non-Delinquency Post-Purchase: You will receive material on how to properly maintain a home, schedule seasonal repairs, communicate with your lender, handle escrow increases, tax assessments and delinquency, refinancing with or without cash out, budget for emergencies, avoid fraud and any other topic relevant to maintaining your home. The counselor will provide additional specific references based on your individual household needs and goals.

D. Rental: Your counselor provides information on local market rate rental, rent subsidy programs, deposit assistance, housing search assistance, fair housing law and reporting, landlord tenant laws, background and credit checks, applying for tenancy, understanding lease terms, communication with landlords, rent delinquency, and avoiding eviction. Counselors will assist you with creating a sustainable budget/spending plan for your current household situation and will develop a clear action plan to achieve the overall goal of homeownership.

E. Homeless Assistance: You will receive information regarding emergency shelter, emergency services, transitional housing, special voucher types, the coordinated entry system, and any other social services required to immediately address your current or future homelessness.

F. Financial Literacy: Your counselor will guide you through the establishment of a personalized, sustainable budget using the method best suited for your household. You will receive information on the options available to you for banking, checking, establishing/repairing credit, borrowing, and the different types of savings accounts and methods used to grow wealth and stability. Your counselor will provide guidance on obtaining credit and personal reports, the requirements of certain accounts and how to avoid fraud. Personalized topics will be addressed as part of your individualized counseling.

G. Predatory Lending: You will receive information regarding predatory lending practices in home refinance, home repair, home purchase, and other forms of borrowing, where appropriate. Your counselor will provide the necessary tools for you to negotiate fair loan terms and to protect yourselves against potential predatory lenders and fraud. If you feel that you have been victimized by predatory lending practices, your counselors will help you report unlawful conduct to the appropriate authorities.

H. Fair Housing: Your counselor will guide you through the protections provided by the federal, state and municipal fair housing laws. You will learn how to recognize discrimination, learn about your rights and responsibilities as a tenant, home owner or borrower, which parties must adhere to fair housing laws, the consequences of discrimination and how to report fair housing violations. You will be given a referral for no-cost legal representation from an appropriate fair housing attorney, and how to represent yourself, if you desire.



Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Lake County Housing Authority (LCHA) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does LCHA collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to LCHA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct LCHA to **not** disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). **However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit LCHA's ability to provide services such as foreclosure prevention counseling.** If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that LCHA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that LCHA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting LCHA.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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RELEASE: I hereby authorize LCHA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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Lake County Housing Authority
33928 North US Highway 45, Grayslake, IL 60030
847-223-1170

Credit Report Authorization and Privacy Disclosure Form

- ☐ I hereby authorize and instruct **Lake County Housing Authority** (hereinafter "LCHA") to obtain and review my credit report/s. My credit report/s will be obtained from credit reporting agencies chosen by LCHA. I understand and agree that LCHA intends to use my credit reports for the purpose of evaluating my financial circumstances, to engage in counseling activities and/or to establish my readiness to purchase a home.
- ☐ My signature below authorizes the release of personal and financial information that I have supplied to LCHA in connection with such evaluation. Authorization is further granted to LCHA to use a copy of this form to obtain any information the LCHA deems necessary to complete my financial evaluation or create my personalized action plan.
- ☐ I understand that I may revoke my authorization to these provisions at any time by contacting LCHA in writing.
- ☐ **I HAVE SUBMITTED A COPY OF MY PHOTO ID TO CONFIRM IDENTIFICATION**

Full Name (print clearly): _____

Address: _____

Social Security Number: _____

Date: _____

Signature: _____

I authorize LCHA to release my credit report to me via the following method:

☐ **Via Email to:** _____

☐ **Mail via USPS to:** _____



Lake County Housing Authority is HUD-Approved Housing Counseling Agency # 80113

Short Form Request for Individual Tax Return Transcript▶ **Request may not be processed if the form is incomplete or illegible.**▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ.** See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
855-587-9604

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999
855-821-0094

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

To:

RE: Hardship Letter for Loan # _____, Borrower Name/s: _____

Greetings,

Thank you for considering this application.

Sincerely,

Name

Loan Number

Address

City/State/Zip

Phone Number

Email Address

Request for Mortgage Assistance

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

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 different 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 different from above):			Cell Phone: ()
Address (additional):			Work Phone: ()
City:	State:	Zip Code:	Other: ()

<i>I want to:</i>	<input type="checkbox"/> <i>Keep the Property</i>	<input type="checkbox"/> <i>Sell the Property</i>	
<i>The Property is my:</i>	<input type="checkbox"/> <i>Primary Residence</i>	<input type="checkbox"/> <i>Second Home</i>	<input type="checkbox"/> <i>Investment</i>
<i>The Property is:</i>	<input type="checkbox"/> <i>Owner Occupied</i>	<input type="checkbox"/> <i>Renter Occupied</i>	<input type="checkbox"/> <i>Vacant</i>

Has any borrower filed for bankruptcy? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13		Is any borrower a servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Date:	Bankruptcy Case Number:	Have you recently been deployed away from your principal residence or recently received a permanent change of station order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> 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?			

Section 2: Hardship Affidavit*Reason for Delinquency*

I am requesting review for loan assistance or a foreclosure alternative program.

I am having difficulty making my monthly payment because of financial difficulties created by (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> <i>My household income has been reduced. Example: Unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability, or divorce of a borrower or co-borrower.</i> | <input type="checkbox"/> <i>My monthly debt payments are excessive, and I am overextended with my creditors. Debt includes credit cards, home equity, and other debts.</i> |
| <input type="checkbox"/> <i>My expenses have increased. Example: Monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities, or property taxes.</i> | <input type="checkbox"/> <i>My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.</i> |
| <input type="checkbox"/> <i>I am unemployed and (1) I am receiving/will receive unemployment benefits or (2) my unemployment benefits ended less than 6 months ago.</i> | <input type="checkbox"/> <i>Other (Please provide a detailed explanation):</i> |

Explanation (continue on a separate sheet of paper if necessary):

Section 3: Principal Residence Information

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence ☐ Yes ☐ No

If "yes" ☐ Keep the property ☐ Sell the property

Property Address: _____ Loan ID Number: _____
Other mortgages or liens on the property? ☐ Yes ☐ No Lien Holder / Servicer Name: _____ Loan ID Number: _____
Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes," Monthly Fee \$ _____ Are fees paid current ☐ Yes ☐ No
Name and address that fees are paid to: _____
Does your mortgage payment include taxes and Insurance? ☐ Yes ☐ No If "No," are the taxes and insurance paid current? ☐ Yes ☐ No
Annual Homeowner's Insurance \$ _____
Is the property listed for sale? ☐ Yes ☐ No If "Yes," Listing Agent's Name: _____ Phone Number: _____
List Date? _____ Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer \$ _____ Closing Date: _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: _____ Principal residence servicer phone number: _____
Is the mortgage on your principal residence paid? ☐ Yes ☐ No If "No," number of months your payment is past due (if known): _____

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expense/Debt (*Principal Residence Expense only)		Household Assets	
Monthly Gross Wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self-Employment Income	\$	Homeowner's Insurance*	\$	Savings/Money Market	\$
Unemployment Income	\$	Property Taxes*	\$	CDs	\$

Untaxed Social Security/SSD	\$	HOA/Condo Fees*	\$	Stocks/Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment Debt (total min. payment)	\$	Other Cash on Hand	\$
Taxable Social Security or retirement income	\$	Child Support/Alimony	\$		\$
Child Support/Alimony**	\$	Car Payments	\$		\$
Tips, commissions, bonus and overtime	\$	Mortgage Payments other properties****	\$		\$
Gross Rents Received***	\$	Other	\$	Value of all Real Estate except principal residence	\$
Other	\$		\$	Other	\$
Total (Gross income)	\$	Total Debt/Expenses	\$	Total Assets	\$

**** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.**

***** Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.**

****** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.**

Required Income Documentation

(Your servicer may request additional documentation to complete your evaluation)

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ.
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date _____ Co-Borrower Hire Date _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, please provide the two most recent pay stub(s) that reflect all year-to-date income (Including bonus, tips and/or commission, if applicable).
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> A complete signed individual income tax return, including all applicable schedules and forms. AND <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date Profit and Loss Statement that reflects activity for the most recent three months. OR Bank statements for the business account for the last two months to document continuation of business activity.
<input type="checkbox"/> Do you receive income from any other source(s)? (i.e investments, room rental income, or any additional household contributions)	<input type="checkbox"/> Documentation describing the nature of the income, such as investment income statement, room rental agreement, or non-borrower income. OR <input type="checkbox"/> Evidence of one month receipt of income from investments or room rental (i.e. bank statements)
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> A copy of the benefits statement or letter from the provider that states the amount and frequency of the benefit. OR <input type="checkbox"/> Evidence of one month receipt of income from this source (i.e. bank statements).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> A copy of the divorce decree, separation agreement or other written agreement filed with the court that states the amount and period of time the payment will be received and proof that the income will continue for at least 12 months. AND <input type="checkbox"/> Evidence of one month receipt of income from this source (i.e. bank statements). Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> The current rental agreement(s) and evidence of one month receipt of rental income (i.e. bank statements).
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SECTION 5: OTHER PROPERTIES OWNED
 (You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 5 below. Use additional sheets if necessary.)

Other Property #1

Property Address: _____ Loan ID Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #2

Property Address: _____ Loan ID Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #3

Property Address: _____ Loan ID Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED
 (Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.)

I am requesting mortgage assistance with a rental property. ☐ Yes ☐ No
 I am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☐ No
 If "Yes" to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: _____ Loan ID Number: _____
 Do you have a second mortgage on the property? ☐ Yes ☐ No If "Yes," Servicer Name: _____ Loan ID Number: _____
 Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes," Monthly Fee \$ _____
 Are HOA fees paid current? ☐ Yes ☐ No
 Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No If "No," are the taxes and insurance paid current? ☐ Yes ☐ No
 Annual Homeowner's Insurance \$ _____ Annual Property Taxes \$ _____

If requesting assistance with a rental property, property is currently: ☐ Vacant and available for rent.
☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.
☐ Occupied by a tenant as their principal residence.
☐ Other _____

If rental property is occupied by a tenant: Term of lease / occupancy ____ / ____ / ____ -- ____ / ____ / ____ Gross Monthly Rent \$ _____

If rental property is vacant, describe efforts to rent property: _____

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____

Is the property for sale? ☐ Yes ☐ No If "Yes," Listing Agent's Name: _____ Phone Number: _____
List date? _____ Have you received a purchase offer? ☐ Yes ☐ No Amount of offer \$ _____ Closing Date: _____

RENTAL PROPERTY CERTIFICATION

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

☐ By checking this box and initialing below, I am requesting a mortgage modification with respect to the rental property described in this Section 5 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.

Initials: Borrower _____ Co-borrower _____

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.
10. I understand that the Servicer will use the information I provide 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.
11. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.

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

Borrower Signature

Date

Social Security Number

Date of Birth

Co-Borrower Signature

Date

Social Security Number

Date of Birth