



NeighborWorks<sup>®</sup>  
HomeOwnership Center

*We are here to help you,*

By following these instructions, obtaining the required documentation and completing the necessary forms you will be taking the right steps towards addressing your mortgage situation in the best way possible. Be sure to gather all of the information requested. Your lender is not going to accept an incomplete package when it comes time to submit the documents to them.

**☞ PLEASE PUT YOUR MORTGAGE LOAN NUMBER ON ALL OF YOUR ☞  
DOCUMENTS BEFORE YOU COPY THEM.**

*We will need copies of the following:*

- *90 days of your most current consecutive paystubs*
- *Two years of signed tax returns including all pages and W2's. If self employed a Year to Date profit and loss (January to present date) will be required.*
- *Two months of bank statements from all of your accounts and all pages.*
- *All letters, correspondence and documentation from your mortgage lender/servicer*
- *Your most recent mortgage statement*
- *Your most recent property tax and insurance bill*
- *All of the documents you received from your loan closing*
- *Sign and include the original forms you have received with this letter.*
- *Your lender will require a "hardship letter" from you explaining in detail why you have fallen behind in your mortgage payments. Please be very specific and detailed when writing this letter. Make sure the information in the letter can be documented if necessary.*

**ONCE YOU HAVE ALL OF THE REQUIRED DOCUMENTATION AND FORMS COMPLETED PLEASE CONTACT OUR OFFICE AT 1-866-221-4383. WE ASK THAT YOU TO SUBMIT ALL DOCUMENTS TO OUR OFFICE PRIOR TO YOUR APPOINTMENT. THIS WILL ALLOW US TIME TO REVIEW YOUR FILE AND SUBMIT THE REQUIRED DOCUMENTATION TO YOUR LENDER IN ADVANCE WHICH ALLOWS US TO DISCUSS YOUR FILE WITH THEM.....Thank You.**

# WHAT IS YOUR INCOME?

Your lender/servicer and HUD Approved Non-profit Housing Counseling Agency Counselor will need to know **all** your current household income. Before you speak with them, complete the following worksheet. **MONTHLY HOUSEHOLD INCOME:**

Sources of Income	Exp Date if applicable	Homeowner A	Homeowner B	TOTAL A & B
1 <sup>st</sup> Job Income – Take Home Amount		\$	\$	\$
2 <sup>nd</sup> Job Income – Take Home Amount				
Social Security /SSI/SSDI				
Child or Spousal Support				
Unemployment Compensation				
Workers Disability Compensation				
Veterans Benefits				
Retirement Benefits				
Monies from Boarders or Roommates				
Child care assistance				
Housing assistance				
Rental income from other homes owned				
Other				
Other				
<b>Total for Homeowner</b>		\$	\$	
<b>Total Household Income (A + B)</b>				\$

**It is important that these amounts be accurate and exact.**

Include income for *all* those living in the home. If the amount changes from month to month, look at your year-to-date amount and determine an average.

NOTE: Be sure to let your servicer know if you expect a change in income in the near future.

# WHERE IS YOUR MONEY GOING?

## BUDGET WORKSHEET

Your loan servicer and/ or HUD Approved Non-profit Housing Counseling Agency Counselor will need to know **all** of your expenses. Before you speak with them, complete the following worksheet. Be sure to include every expense in your household.

Monthly Expenses			
COLUMN 1 EXPENSE	MONTHLY	COLUMN 2 EXPENSE	MONTHLY
<b>Shelter*</b>		<b>Contributions &amp; Gifts</b>	
Mortgage Payment	\$	Church donations	\$
Homeowner Association Dues		Miscellaneous donations	
Home Maintenance		Gifts/cards/Wrapping Accessories	
Taxes & Insurance (if not included in mortgage payment)			
<b>Food</b>		<b>Recreation</b>	
Groceries, beverages	\$	Club dues	\$
Cleaning supplies, paper products		Newspapers, magazines, books	
Food away from home		CDs, other music	
Tobacco/Alcohol		Movies	
		Hobbies	
<b>Utilities</b>		<b>Sports</b>	
Gas, light, water	\$	Vacations	
Phone		Entertainment	
Cell/Mobile Phone		Lottery Tickets	
Garbage, sewer		Gambling	
<b>Insurance</b>		<b>Other Expenses</b>	
Life	\$	Kids' allowances	\$
Auto		Day Care (Children/Seniors)	
Health		Babysitting	
		Postage	
		Cable/Satellite TV	
<b>Transportation</b>		<b>Other services</b>	
Gas & Oil	\$	Pets	
Repairs/Upkeep		Internet Service	
Registration		<b>Monthly Obligations</b>	
Bus, carpool		Alimony/Child Support	\$
Parking		Total Monthly Auto Loan Payments	
		Total Monthly Credit Card Payments	
<b>Education</b>		<b>Other Monthly Obligation</b>	
Tuition	\$	Other Monthly Obligation	
Books			
Special Lessons			
Sports			
<b>Health Care</b>		<b>Clothing</b>	
Medical	\$	New purchases	\$
Dental		Dry cleaning, Laundry	
Prescriptions			
<b>Personal Care</b>			
Beauty/Barber Shop	\$		
Nails			
Other Personal expenses			
COLUMN 1 TOTAL:	\$	COLUMN 2 EXPENSE TOTAL:	\$
		COLUMN 1 + COLUMN 2 = TOTAL EXPENSES: \$	

\* If you own more than one home, be sure to include expenses for each home.

# Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
<b>Sign Here</b> ▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

**Automated transcript request.** You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, 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	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

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

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. 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, and the District of Columbia 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 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 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 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

# HomeQuest Homeownership Center

## Services Disclosure

I/we understand that the HomeQuest NeighborWorks Homeownership Center, an affiliate of Community Concepts Finance Corp (CCFC) provides homebuyer education, foreclosure and debt counseling, mortgage financing, real estate services as HomeQuest Real Estate, building, remodeling and other home related services. While assisting us to become mortgage ready, I/we understand that we are in no way restricted to use exclusively only those services provided by Community Concepts Inc., CCFC and HomeQuest NeighborWorks Homeownership Center. I/we understand that we are free at all times to choose those agencies and companies that best meet my/our needs and interests.

## Privacy Policy

As professionals the employees of CCFC and HomeQuest NeighborWorks Homeownership Center are entrusted with confidential information, we respect the privacy of our customers and take seriously our obligation to maintain customer information in a confidential manner. We may collect and share nonpublic personal information about you from the following sources:

- *Information we receive from you on an application such as your name, address, social security number and information regarding your income and assets.*
- *Information about your transactions with us and our affiliates.*
- *We may utilize information received from a consumer reporting agency such as your creditworthiness and credit history.*

We limit the use and collection of this information about our customers to that which is necessary to administer our business and to provide the best service and opportunities that we think will be in the best interest to customers. I/we understand that information may be shared with agencies or entities outside Community Concepts, Inc., CCFC or HomeQuest NeighborWorks Homeownership Center and will be done only if deemed necessary to meet the customer's goals, needs and objectives.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

#### **Borrower**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
- (a) felony larceny, theft, fraud or forgery,
  - (b) money laundering or
  - (c) tax evasion

#### **Co-Borrower**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
- (a) felony larceny, theft, fraud or forgery,
  - (b) money laundering or
  - (c) tax evasion

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In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date



**AUTHORIZATION TO RELEASE INFORMATION**

To: (Lender) \_\_\_\_\_

Account Number: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Last Four Digits of Your SSN# \_\_\_\_\_

**\*\*\*\* (ALL INFO ABOVE TO BE COMPLETED BY STAFF) \*\*\*\***

I am currently working with **Community Concepts, Inc.** I hereby authorize you to release any and all information concerning my financial information to **Community Concepts, Inc** at their request. I further authorize you to discuss my personal information with any of the following counselors employed by:

**Community Concepts, Inc.**

**240 Bates Street**

**Lewiston Maine 04240**

**207-795-4065**

**Bitsy Holt                    email: bholt@community-concepts.org**

**Melissa Green              email: mgreen@community-concepts.org**

**Ron Knott                    email: rknott@community-concepts.org**

**Deb Trenoweth              email: dtrenoweth@community-concepts.org**

You may release any additional information regarding my situation without further authorization from me.

Sincerely,

\_\_\_\_\_  
Please sign name here

\_\_\_\_\_  
Please sign name here

\_\_\_\_\_  
Please print name here

\_\_\_\_\_  
Please print name here

Date: \_\_\_\_\_

## Foreclosure Prevention Client/Counselor Contract

HomeQuest & Community Concepts, Inc. and its counselors agree to provide the following services:

- Development of a temporary crisis spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We, \_\_\_\_\_ (Homeowners) agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will work with my/our counselor to come up with an action plan and crisis budget and do our best to complete the action plan items and adjust our lifestyle to fit the crisis budget temporarily until the crisis is over.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call prior to a scheduled appointment if I/we will be unable to attend an appointment.
- I/We understand that after 2 missed appointments with no call our file will be closed.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to close my/our file and end it's assistance to me/us.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

Making Home Affordable Program  
Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

▶ Loan I.D. Number \_\_\_\_\_ ▶ Servicer \_\_\_\_\_

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

**I want to:**  Keep the Property  Sell the Property

**The property is my:**  Primary Residence  Second Home  Investment

**The property is:**  Owner Occupied  Renter Occupied  Vacant

Mailing address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_ E-mail address \_\_\_\_\_

<p><i>Is the property listed for sale?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Have you received an offer on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Date of offer</i> _____ <i>Amount of offer \$</i> _____</p> <p><i>Agent's Name:</i> _____</p> <p><i>Agent's Phone Number:</i> _____</p> <p><i>For Sale by Owner?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Have you contacted a credit-counseling agency for help?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please complete the following:</i></p> <p><i>Counselor's Name:</i> _____</p> <p><i>Agency Name:</i> _____</p> <p><i>Counselor's Phone Number:</i> _____</p> <p><i>Counselor's E-mail:</i> _____</p>
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<p><i>Who pays the real estate tax bill on your property?</i></p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p><i>Are the taxes current?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Condominium or HOA Fees</i> <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p><i>Paid to:</i> _____</p>	<p><i>Who pays the hazard insurance premium for your property?</i></p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA</p> <p><i>Is the policy current?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Name of Insurance Co.:</i> _____</p> <p><i>Insurance Co. Tel #:</i> _____</p>
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*Have you filed for bankruptcy?*  Yes  No If yes:  Chapter 7  Chapter 13 *Filing Date:* \_\_\_\_\_

*Has your bankruptcy been discharged?*  Yes  No *Bankruptcy case number* \_\_\_\_\_

**Additional Liens/Mortgages or Judgments on this property:**

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable program.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.                    |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.                             | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> Other:   |  |

Explanation (continue on back of page 3 if necessary): \_\_\_\_\_

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

Number of People in Household: \_\_\_\_\_

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation <sup>2</sup>	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**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.**

<b>BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b>	<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	<b>Race:</b>	<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
<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

**To be completed by interviewer**

Name/Address of Interviewer's Employer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number
	Interviewer's Signature                      Date
	Interviewer's Phone Number (include area code)

**ACKNOWLEDGEMENT AND AGREEMENT**

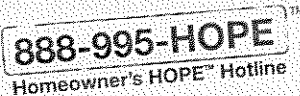
*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull 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 document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ _____ Borrower Signature	_____ Date
▶ _____ Co-Borrower Signature	_____ Date

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.  
 If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



## **Example Hardship Letter**

One of the items your lender or servicer will ask for during the loan workout or loan modification process is a hardship letter. A hardship letter is a written explanation as to what “event” has caused you to fall behind on your mortgage and is vital in helping you stop the foreclosure process.

This letter acts much like an outline or biography of your current “life” issues that are affecting your ability to meet your financial obligations.

Please keep in mind that you are composing the hardship letter for your lender or servicer and because of the foreclosure crisis, they are extremely busy and backlogged. With that in mind, do not attempt to write a book, keep it short and to the point. Usually one or two page should be enough to explain your situation.

**Here is an example list of hardships that most lenders consider during the loan workout review process:**

- Adjustable Rate Mortgage Reset – Payment Shock due to increase
- Illness
- Loss of job
- Reduction in income
- Failed business
- Job relocation
- Death of borrower, spouse or co-borrower
- Incarceration
- Divorce
- Marital separation
- Military duty
- Reduced income
- Medical bills
- Damage to property (natural disaster or unnatural)
- Other (please specify)

If you have any information or documentation that can be used to verify or backup the information stated in your letter be sure to include it in your complete foreclosure package. Please remember that the letter is just on piece of the workout process and does not guarantee that the lender or servicer will approve your specific modification request.

**Example Hardship Letter:**

Name: (Your Name)(borrower and co-borrower)

Address: (Your Address)

Lender Name: (Your Lender)

Loan #: (your Loan #)

To Whom It May Concern:

I am writing this letter to explain my unfortunate set of circumstances that have caused us to become delinquent on our mortgage. We have done everything in our power to make ends meet but unfortunately we have fallen short and would like you to consider working with us to modify our loan. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

The main reason that caused us to be late is (insert reason here and don't be too lengthy and long winded) Soon after being late and our income not being nearly enough, we had fallen further and further behind. Now, it's to the point where we cannot afford to pay what is owed to (lender). It is our full intention to pay what we owe. But at this time we have exhausted all of our income and resources so we are turning to you for help.

(The approximate date of hardship and we believe that our situation is Temporary or will be Permanent.)

Our situation has got better because (reason here) and we feel that a loan modification would benefit us both. We would appreciate if you can work with us to lower or delinquent amount owed and or payment so we can keep our home and also afford to make amends with your firm.

We truly hope that you will consider working with us and we are anxious to get this settled so we all can move on.

Sincerely and Respectfully,

Borrower's Signature

Date

Co-Borrower's Signature

Date