

Dear Applicant,

Thank you for contacting our agency regarding your default or foreclosure issue. Enclosed you will find information and forms that must be completed and returned to us so that we can determine the best course of action for your particular situation.

After our review of this information a representative from our office will contact you via phone or email to discuss your case and offer guidance. We may need additional information and/or documents from you; however any further instructions will be given to you at that time.

In most cases our services can be provided without the need for a personal face-to-face interview or counseling session, but on occasion this may become necessary. We make every attempt to schedule any such office visits at a time that is convenient for both you and the counselor. Included with this letter you should find the following documents:

1. **Default/Foreclosure Assistance Application Form**- Please answer all questions to the best of your ability, sign, and date at the bottom of page 2. This form is required by HUD.
2. **Authorization for Release of Information** – Please make sure this form is signed by all persons who appear on the property deed.
3. **Default/Foreclosure Questionnaire** – This information is required for us to analyze your current situation and determine the next steps that should be taken. All questions should be answered.
4. **Worksheet: Monthly Expenses** – Please list as accurately as possible your monthly household expenses for the categories shown on the form. Leave blank any line – items that do not apply to you.

You must return these forms to us in any of the following manner:

**U.S. MAIL** – TRI-CAP, 809 E. Illinois Street, Petersburg, IN 47567  
TRI-CAP, 499 W State Road 62, Boonville, IN 47601  
TRI-CAP, 607 Third Avenue, P.O. Box 729 Jasper, IN 47547

**EMAIL** – [justin@tri-cap.net](mailto:justin@tri-cap.net), or [tammyd@tri-cap.net](mailto:tammyd@tri-cap.net)

**FAX** – 812-354-8721 or 812-897-0368

The sooner we receive the completed forms, the sooner we can begin to process your case. We look forward to hearing from you soon.

TRI-CAP HOUSING COUNSELORS

TRI-CAP  
DEFAULT/FORECLOSURE ASSISTANCE APPLICATION

\_\_\_\_\_  
Applicant Full Name                      Social Security Number                      Date of Birth

\_\_\_\_\_  
Co-Applicant Full Name                      Social Security Number                      Date of Birth

\_\_\_\_\_  
Current Address                      City                      State                      Zip

\_\_\_\_\_  
Previous Address                      City                      State                      Zip

\_\_\_\_\_  
Home/Primary Phone Number                      Cell/Work/Other Phone Number(s)

\_\_\_\_\_  
E-Mail Address

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household and Ages \_\_\_\_\_

Marital Status	Race	Applicant	Co-Applicant
___ Single	African American (non-Hispanic)	_____	_____
___ Married	White (non-Hispanic)	_____	_____
___ Separated	Hispanic	_____	_____
___ Divorced	Asian/Pacific Islander	_____	_____
___ Widowed	American Indian/Alaska Native	_____	_____
	Other (please specify)	_____	_____

Highest Education Level Completed

High School Diploma/GED	_____	_____
Some College – Never Completed	_____	_____
Associates/Technical Degree	_____	_____
Bachelor or Higher Degree	_____	_____
If not a H.S. Graduate Highest Grade Completed	_____	_____

Check the Appropriate Box if You:

Are a United States Veteran	_____	_____
Are a United States Citizen	_____	_____
Are legally disabled	_____	_____
Have filed Bankruptcy in the last 4 years	_____	_____

Month/Year Bankruptcy Filed \_\_\_\_\_ Month/Year Bankruptcy Discharged \_\_\_\_\_

**DEFAULT/FORECLOSURE QUESTIONNAIRE**

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

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Loan #

What caused your mortgage delinquency?

- \_\_\_\_ Job loss or reduced income
- \_\_\_\_ Medical bills, illness or injury
- \_\_\_\_ Divorce
- \_\_\_\_ Death of a spouse
- \_\_\_\_ Poor money management or excessive debt
- \_\_\_\_ Interest rate adjustment
- \_\_\_\_ Property Taxes
- \_\_\_\_ Other: \_\_\_\_\_

When was the last time you made a payment on your mortgage account? \_\_\_\_\_

Who is your current mortgage lender? (FIRST) \_\_\_\_\_ (SECOND) \_\_\_\_\_

What is the approximate current balance/payoff for your mortgage loan(s)? \_\_\_\_\_

Are your property taxes and homeowner's insurance included in your mortgage payment? (Escrowed)  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, are they current? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently behind on your mortgage loan payments? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how many months past due? \_\_\_\_\_

Is your goal to keep your home? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your home currently listed for sale? YES \_\_\_\_\_ NO \_\_\_\_\_

It is always a good idea to save as much money as possible if your lender is refusing to accept mortgage payments due to a delinquent status.

Do you have money available to help bring your mortgage loan current or to offer your lender a "good faith" payment if offered a workout option? YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_  
IF YES, AMOUNT \_\_\_\_\_

Other information/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FINANCIAL WORKSHEET

Homeowner Name:

Loan Number:

Income	Monthly Gross	Monthly Net	Source
Homeowner Income	\$	\$	
Co-Homeowner Income	\$	\$	
Other Income 1	\$	\$	
Other Income 2	\$	\$	
Other Income 3	\$	\$	

<b>Total Gross Income</b>	\$
<b>Total Net Income</b>	\$

<b>Total Annual Income</b>	\$
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Expenses	Monthly Payments	Unpaid Balance
Mortgage Payment	\$	\$
2nd Mortgage Payment	\$	\$
Monthly Property Taxes	\$	(If not included in payment)
Home Owners Insurance	\$	(If not included in payment)
Home Owner Association Fee	\$	
Cell Phone Payment	\$	
Home Phone Payment	\$	
Cable/Internet Payment	\$	
Electric Payment	\$	
Trash Payment	\$	
Gas Payment	\$	
Water Payment	\$	
Monthly Food Costs	\$	
Car Insurance Payment	\$	
Car Payments	\$	
Vehicle Gas	\$	
Daycare/ Childcare	\$	
Child Support	\$	
Health Insurance	\$	
Medical/ Dental Costs	\$	
Monthly Prescription Costs	\$	
Life Insurance Costs	\$	

**Summary**

<b>Total Dependents:</b>	<b>Total in Household:</b>
<b>Assets</b>	<b>Estimated Value</b>
Checking Accounts	\$
Savings Accounts	\$
IRA/401K/Keogh Accounts	\$
Other	\$
<b>Total Assets</b>	\$
<b>Total Expenses</b>	\$
<b>Total Balance</b>	\$
<b>Gross Monthly Surplus</b>	\$
<b>Net Monthly Surplus</b>	\$

Credit Cards	Monthly Payments	Unpaid Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Additional Expenses	
	\$
	\$
	\$
	\$
	\$

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization for Release of Information form).

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Co-Homeowner Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





**Homeownership  
Done Right.®**

**First Mortgage**

What is the current interest rate on your mortgage loan? \_\_\_\_\_

How much do you still owe on your mortgage loan? \_\_\_\_\_

Type of loan – Please circle one

Fixed Rate      Adjustable Rate

Insurer (if applicable) – Please circle one

FHA              VA              USDA              N/A

If your mortgage loan has an adjustable interest rate, when is it scheduled to adjust or when did it adjust last? \_\_\_\_\_

How much is your home currently worth? \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_

**Second Mortgage**

What is the current interest rate on your mortgage loan? \_\_\_\_\_

How much do you still owe on your mortgage loan? \_\_\_\_\_

Type of loan – Please circle one

Fixed Rate      Adjustable Rate

Insurer (if applicable) – Please circle one

FHA              VA              USDA              N/A

If your mortgage loan has an adjustable interest rate, when is it scheduled to adjust or when did it adjust last? \_\_\_\_\_

How much is your home currently worth? \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_

**WORKOUT PLAN FORM**

Name: \_\_\_\_\_

Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**THINGS TO GATHER AND RETURN ALONG WITH YOUR PACKET**

Please complete the packet in its entirety so that your assigned Homeownership Specialist may have all of the information needed before contacting you.

All documents must be returned to TRI-CAP within ten days.

- Enclose a copy of your most recent mortgage statement and any correspondence that you may have received from your local courthouse. (if applicable)
- Send copies of the most recent correspondence from your lender.
- Send copies of your most recent 30 days of any and all income for everyone in the home.
- Send copies of the two most recent bank statements for all accounts in their entirety.
- Send SIGNED copies of your most recently filed Federal tax return and all W2's and other supporting documentation.
- Please return the signed copy of this form in the packet

**Check the option(s) that best suits your desired workout**

Repayment (bringing the loan contractually up-to-date by paying the past due amount plus and additional fees and charges)

Forbearance (suspending or lowering payments for a specific amount of time)

Modification (changing the terms of your loan in order to lower the payment or cure the delinquency)

Disposition (short-sale or deed-in-lieu for when the loan is no longer affordable and the homeowner wishes to leave the home but to avoid foreclosure)

UPON RECEIPT OF YOUR COMPLETED PACKET, A COUNSELOR WILL REVIEW YOUR PAPERWORK AND SUBMIT A REQUEST FOR A WORKOUT WITH YOUR LENDER. Please contact TRI-CAP one week after submission of your paperwork to ensure your packet is complete.

We encourage you to continue to contact your lender directly for updates on your case! Your counselor can provide you with a contact number for your lender to check on the status of your case. Feel free to contact TRI-CAP with questions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeownership Specialist

\_\_\_\_\_  
Date

**CERTIFICATION AND AUTHORIZATION  
FOR RELEASE OF INFORMATION**

I/We certify that all of the information contained in my/our Application for Assistance is correct and true to the best of my/our knowledge. I/We understand that false or misleading information may be grounds for denial of my/our Application and/or criminal prosecution. Furthermore, I/we understand that TRI-CAP's acceptance of the Application in no way guarantees that I/we will receive housing, a mortgage loan, or financial grants. I/We also agree to counsel with members of the TRI-CAP staff to resolve any problems at this time regarding the purchase of a home, mortgage delinquency, obtaining a reverse mortgage, or any other housing related issue. I/We understand that the staff providing this counseling will not:

1. Release information to others expressly stated by me/us as confidential in nature
2. Accept fees for the services they recommend (other than education, seller, or closing fees)
3. Recommend services in which they have a financial interest.
4. Terminate the counseling relationship without giving reasons for such actions.

I/We understand in the course of providing counseling assistance, the TRI-CAP staff will furnish information in regards to personal budgetary planning and other purchase or housing-related concerns. However, any such information furnished by TRI-CAP does not constitute financial or legal advice. I/We agree not to rely upon any information furnished by TRI-CAP as financial or legal advice and agree to seek such advice from a licensed attorney, accountant, or other qualified professional as necessary.

In consideration for receiving counseling assistance from TRI-CAP, I/We hold TRI-CAP, and its employees and volunteers, free and harmless from any claims, damages, liabilities or injuries which may arise from any counseling assistance furnished by TRI-CAP and its employees and volunteers. I/We hereby authorize the housing counselors of TRI-CAP to request and obtain any and all information from any and all sources relevant to my/our current housing problem or need.

I/We specifically authorize TRI-CAP to obtain a credit report in my/our names; to request and receive verification of income from employers, government agencies, retirement account managers, or any other source that provides income to me/us; and to request and receive verification of any other information provided on my/our application that may affect our eligibility for financial assistance. Furthermore, I/we grant permission to authorize representatives of TRI-CAP to release pertinent information contained within my/our application to any individual or party associated with housing counseling activities, the purchase of a home, and/or the provision of financial assistance.

I hereby grant permission for my lender and its staff to release to and provide TRI-CAP with any and all information concerning the below-referenced loan number and to discuss and answer any questions regarding this account with TRI-CAP, its staff, and its representatives.

My lender may release additional information to TRI-CAP or its representatives in the future without further authorization. However, I reserve the right to revoke this letter of instruction by sending a written request to you at any time. I acknowledge that a signed copy of this letter is as valid as the original.

This release is considered valid for a period of one (1) year from the date as indicated below.

Applicant (signature)	Printed Name	Last 4 of social	Date
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Co-Applicant (signature)	Printed Name	Last 4 of social	Date
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Property Address

	Loan # _____
	Lender _____

Full Name: Last First MI. ( ) Phone

Address: Street Address Apartment/Unit # City, State ZIP Code County

**Ethnicity Codes (Enter below)**  
 A. Hispanic or Latino  
 B. Not Hispanic or Latino  
**Race Codes (Enter below)**  
 A. Black/African American  
 B. White  
 C. Asian  
 D. Multi-Race  
**Education Level-ONLY for those 24 & older (Enter below)**  
 A. 0-8<sup>th</sup> Grade  
 B. 9<sup>th</sup>-12<sup>th</sup> Grade/Non-Graduate  
 C. High School Graduate/GED  
 D. 12+ Some Post-Secondary  
 E. College Graduate

**APPLICANT INFORMATION**

Household Members First and Last Name (PLEASE COMPLETE ALL INFORMATION FOR EVERY HOUSEHOLD MEMBER)	Male Or Female	Date of Birth xx/xx/xxxx	Age	Relationship to you (i.e. son, daughter, wife, friend, etc.)	Social Security Number (Last 4 #'s only)	Ethnicity Code (See Codes Above)	Race Code (See Codes Above)	Disabled Y/N	Education Level-Only if age 24 & Over (See Codes Above)	Health Insurance Y/N	Annual Income
		--/--/----		SELF	XXX-XX-						
		--/--/----			XXX-XX-						
		--/--/----			XXX-XX-						
		--/--/----			XXX-XX-						
		--/--/----			XXX-XX-						
		--/--/----			XXX-XX-						
		--/--/----			XXX-XX-						
		--/--/----			XXX-XX-						

1. Current Housing type? Own Home Rent Homeless Other
2. Please mark ALL types of income your household receives. TANF SSI Social Security Pension General Assistance Unemployment Insurance Employment+other source Employment only Other (Please specify: ) If marking Employment on any of the above, list all current employers:
3. What is your Family Type? Single Parent Female Single Parent Male Two Parent Household Single Person Two Adults NO Children Other
4. Please list the TRI-CAP program you received services in on the line next to the county you received the services in. Dubois Pike Warrick Vanderburgh

Signature \_\_\_\_\_ Date \_\_\_\_\_ TRI-CAP Employee Name \_\_\_\_\_ PLEASE PRINT

Spencer Other County (List County, then program):  
 TRI-CAP is requesting the above information for statistical purposes only. Social services will be provided without discrimination because of race, age, color, religion, gender, handicap, national origin or ancestry. I understand this and agree to share my information with TRI-CAP's statistical and data entry purposes.



# Making Home Affordable Program Request For Mortgage Assistance (RMA)



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 under the Making Home Affordable (MHA) Program. 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

### BORROWER

BORROWER'S NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

HOME PHONE NUMBER WITH AREA CODE \_\_\_\_\_

CELL OR WORK NUMBER WITH AREA CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### CO-BORROWER

CO-BORROWER'S NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

HOME PHONE NUMBER WITH AREA CODE \_\_\_\_\_

CELL OR WORK NUMBER WITH AREA CODE \_\_\_\_\_

MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME") \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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 <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? \_\_\_\_\_

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?  Yes  No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?  Yes  No If "Yes", how many? \_\_\_\_\_

Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?  Yes  No

## SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.

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: reduced pay or hours, decline in business or self employment 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"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

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

**SECTION 3: PRINCIPAL RESIDENCE INFORMATION**

*(Only individuals are eligible to receive mortgage assistance on their principal residence)*

I am requesting mortgage assistance with my principal residence  Yes  No

If "yes", I want to:  Keep the property  Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Other mortgages or liens on the property?  Yes  No Lien Holder / Servicer Name: \_\_\_\_\_ Loan I.D. 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 Expenses/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	\$
<b>Total (Gross income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

\*\* 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 for MHA)

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 (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. <b>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.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

**SECTION 5: OTHER PROPERTIES OWNED**

You must provide information about all properties that you or the co-borrower owns, other than your principal residence and any property described in Section 4 below. (Use additional sheets if necessary.)

**Other Property #1**

Property Address: \_\_\_\_\_ Loan I.D. 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 I.D. 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 I.D. 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..

**SECTION 6 - OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED**

(Copy this page for EACH OTHER PROPERTY for which assistance is requested with a separate completed page for each.)

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 I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property  Yes  No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. 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 \$ \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

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 under MHA with respect to the rental property described in this Section 6 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, the U.S. Department of the Treasury, or their respective agents 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 7: 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 begin receiving 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.

I/we certify under penalty of perjury that I/we 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.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective 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. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

**SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information  Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information  Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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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  <hr/> Interviewer's Signature <span style="float: right;">Date</span>  <hr/> Interviewer's Phone Number (include area code)	

**SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT**

1. I certify that all of the information in this RMA 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, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or 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 and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives 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 to all Servicer communications in a timely manner. I understand that time is of the essence.
7. 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.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, 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 MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

## HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, 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).

**888-995-HOPE**<sup>™</sup>  
Homeowner's HOPE™ Hotline

The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

## NOTICE TO BORROWERS

Return your completed, signed and dated form to your mortgage servicer/company. If you're unsure of where to send the form, visit the Making Home Affordable website, [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Find your mortgage company information by clicking: Get Answers >> Contact My Mortgage Company.

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 of your property, 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 my Servicer 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 1-877-5IG-2009 (toll-free), or [www.sig tarp.gov](http://www.sig tarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation.

### **Beware of Foreclosure Rescue Scams. Help is FREE!**

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.
- If you think you've been scammed, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov). Click on Get Answers >> Avoid Scams/File a Complaint.

