



## UNIFORM BORROWER ASSISTANCE FORM

| Monthly Household Income   |           | Monthly Household Expenses and Debt Payments                         |           | Household Assets (associated with the property and/or borrower(s) excluding retirement funds) |           |
|--|-----------|--|-----------|---|-----------|
| Gross wages  | \$        | First Mortgage Payment   | \$        | Checking Account(s)   | \$        |
| Overtime   | \$        | Second Mortgage Payment  | \$        | Checking Account(s)   | \$        |
| Child Support / Alimony*   | \$        | Homeowner's Insurance  | \$        | Savings / Money Market  | \$        |
| Non-taxable social security/SSDI   | \$        | Property Taxes   | \$        | CDs   | \$        |
| Taxable SS benefits or other monthly income from 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   | \$        | Car Lease Payments   | \$        | Other Real Estate (estimated value)   | \$        |
| Unemployment Income  | \$        | HOA/Condo Fees/Property Maintenance                                  | \$        | Other   | \$        |
| Food Stamps/Welfare  | \$        | Mortgage Payments on other properties                                | \$        |   | \$        |
| Other  | \$        | Other  | \$        |   | \$        |
| <b>Total (Gross income)</b>  | <b>\$</b> | <b>Total Household Expenses and Debt Payments</b>                    | <b>\$</b> | <b>Total Assets</b>   | <b>\$</b> |

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

| Lien Holder's Name | Balance and Interest Rate | Loan Number | Lien Holder's Phone Number |
|--------------------|---------------------------|-------------|----------------------------|
|                    |                           |             |                            |
|                    |                           |             |                            |
|                    |                           |             |                            |

### Required Income Documentation

- Do you earn a salary or hourly wage?**  
For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' or four weeks' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).
- Are you self-employed?**  
For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.
- Do you have any additional sources of income?** Provide for each borrower as applicable:  
**"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:**  
 Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).  
**Social Security, disability or death benefits, pension, public assistance, or adoption assistance:**  
 Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and  
 Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.  
**Rental income:**  
 Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or  
 If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.  
**Investment income:**  
 Copies of the two most recent investment statements or bank statements supporting receipt of this income.  
**Alimony, child support, or separation maintenance payments as qualifying income:\***  
 Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and  
 Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

**\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

# UNIFORM BORROWER ASSISTANCE FORM

## HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe that my situation is:

- Short-term (under 6 months)     Medium-term (6 – 12 months)     Long-term or Permanent Hardship (greater than 12 months)

**I am having difficulty making my monthly payment because of reason set forth below:**

*(Please check the primary reason and submit required documentation demonstrating your primary hardship)*

| If Your Hardship is:  | Then the Required Hardship Documentation is:  |
|---|---|
| <input type="checkbox"/> Unemployment   | <input type="checkbox"/> No hardship documentation required   |
| <input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay) | <input type="checkbox"/> No hardship documentation required   |
| <input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control  | <input type="checkbox"/> No hardship documentation required   |
| <input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law   | <input type="checkbox"/> Divorce decree signed by the court; OR<br><input type="checkbox"/> Separation agreement signed by the court; OR<br><input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR<br><input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property  |
| <input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household   | <input type="checkbox"/> Death certificate; OR<br><input type="checkbox"/> Obituary or newspaper article reporting the death  |
| <input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member  | <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR<br><input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR<br><input type="checkbox"/> Doctor's certificate of illness or disability; OR<br><input type="checkbox"/> Medical bills<br>None of the above shall require providing detailed medical information.   |
| <input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment  | <input type="checkbox"/> Insurance claim; OR<br><input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR<br><input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area  |
| <input type="checkbox"/> Distant employment transfer / Relocation   | <p><b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders.</p> <p><b>For employment transfers/new employment:</b></p> <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR<br><input type="checkbox"/> Paystub from new employer<br><br>In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).                               |
| <input type="checkbox"/> Business Failure   | <input type="checkbox"/> Tax return from the previous year (including all schedules) AND<br><input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Bankruptcy filing for the business; OR</li> <li><input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR</li> <li><input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> |
| <input type="checkbox"/> Other: a hardship that is not covered above  | <input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation  |

**Borrower/Co-Borrower Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party\*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party\*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. 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.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
  - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
  - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
  - c. The Servicer’s acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
  - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party\* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party\*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
  - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
  - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party\*. By checking this box, I also consent to being contacted by text messaging.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

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

| BORROWER               | CO-BORROWER            |
|------------------------|------------------------|
| Borrower's name        | Co-borrower's name     |
| Social Security Number | Social Security Number |

Property address (include city, state and zip): \_\_\_\_\_

|                            |  |  |  |
|----------------------------|--|--|--|
| <i>I want to:</i>          | <input type="checkbox"/> Keep the Property   | <input type="checkbox"/> Sell the Property             |  |
| <i>The property is my:</i> | <input type="checkbox"/> Principal Residence | <input type="checkbox"/> Second Home / Seasonal Rental | <input type="checkbox"/> Year-Round Rental                           |
| <i>The property is:</i>    | <input type="checkbox"/> Owner Occupied      | <input type="checkbox"/> Tenant Occupied               | <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____ |

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable (MHA) 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: 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"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.                              | <input type="checkbox"/> Other: _____  |

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

*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* \_\_\_\_\_

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

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

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

**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 hardship affidavit is received by your servicer.

**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 having the address set forth above 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 Hardship Affidavit is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

**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  |
| <i>Ethnicity:</i> | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  | <i>Ethnicity:</i>  | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  |
| <i>Race:</i>      | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White | <i>Race:</i>       | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |
| <i>Sex:</i>       | <input type="checkbox"/> Female<br><input type="checkbox"/> Male  | <i>Sex:</i>        | <input type="checkbox"/> Female<br><input type="checkbox"/> Male  |

| To be completed by interviewer  |  | Name/Address of Interviewer's Employer |
|---|--|--|
| This request was taken by:<br><input type="checkbox"/> Face-to-face interview<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Telephone<br><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**

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 or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
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 or 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 Hardship Affidavit 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). 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 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-SIG-2009 (toll-free), 202-622-4559 (fax), or 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. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220



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.

**Financial Worksheet**

| Assets              |  |
|---------------------|--|
| Checking Accounts   |  |
| Savings Accounts    |  |
| Other Property      |  |
| Boats/RVs           |  |
| IRA                 |  |
| Retirement Accounts |  |
| Stocks/Bonds        |  |
| Other               |  |
| Other               |  |
| Other               |  |
| <b>Total Assets</b> |  |

| Liabilities              |  |
|--------------------------|--|
| Other Property           |  |
| Other Liens              |  |
| Auto Loan                |  |
| Credit Cards             |  |
| Personal Loans           |  |
| Homeowners Dues          |  |
| Medical                  |  |
| Other                    |  |
| Other                    |  |
| Other                    |  |
| <b>Total Liabilities</b> |  |

| Monthly Income      |  |
|---------------------|--|
| Monthly Net Wage    |  |
| Unemployment        |  |
| Disability          |  |
| Child Support       |  |
| Alimony             |  |
| Rental Income       |  |
| 401k                |  |
| Stocks/Bonds        |  |
| Other               |  |
| Other               |  |
| Other               |  |
| <b>Total Income</b> |  |

| Monthly Expenses                |  |
|---------------------------------|--|
| Mortgage Payment                |  |
| Other Property Payments         |  |
| Other Liens                     |  |
| Auto Loan                       |  |
| Auto Maintenance/Insurance/Fuel |  |
| Credit Cards                    |  |
| Child Care                      |  |
| Child Support                   |  |
| Alimony                         |  |
| Personal Loan                   |  |
| Food                            |  |
| Utilities/Telephone/Cable       |  |
| Home Owners Association Dues    |  |
| Medical                         |  |
| Other                           |  |
| Other                           |  |
| Other                           |  |
| <b>Total Expenses</b>           |  |

| Additional Information            |  |
|-----------------------------------|--|
| Number of autos you own           |  |
| Number of people in the household |  |

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent and/or credit counseling service representative

Submitted this \_\_\_\_\_ day of \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Borrower

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

By: \_\_\_\_\_  
Signature of Co-Borrower

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