UNIFORM BORROWER ASSISTANCE FORM FOR GOVERNMENT LOANS

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy and (4) your credit counseling agency.

On Page 2, you must disclose information about <u>all</u> of your income expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that <u>all</u> of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

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

1	
Loan Number: (usually found on your monthly mortga	ge statement)
Servicer's Name:	Number of People in household:
I want to: ☐ Keep the Property ☐ Vacate the	Property
The property is currently: ☐ My Primary Residence ☐ Second H	ome
The property is currently: Owner Occupied Renter O	ccupied
BORROWER	CO-BORROWER
BORROWER'S NAME	CO-BORROWER'S NAME
SOCIAL SECURITY NUMBER DATE OF BIRTH	SOCIAL SECURITY NUMBER I 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
MAILING ADDRESS	
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)	EMAIL ADDRESS
Is the property listed for sale?	Have you contacted a credit counseling agency for help? Yes No If yes, please complete the counselor contact information below: Counselor's Name: Agency's Name: Counselor's Phone Number: Counselor's Email Address:
	□ No e paid to?
	Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 arged? ☐ Yes ☐ No Bankruptcy case Number:
Is any borrower an active duty service member?	□ Yes □ No
Has any borrower been deployed away from his/her primary residence or rece Is any borrower the surviving spouse of a deceased service member who was of	- 1e3 - 110

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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*	\$	HOA/Condo Dues		\$	Savings / Money Market		\$	
Non-taxable social security/SSDI	\$	Alimony, child support payments*		\$	CDs		\$	
Taxable SS benefits, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)		\$	Stocks / Bonds		\$	
Tips, commissions, bonus and self- employed income	\$	Auto Fuel/Insurance		\$	Other Cash on Hand		\$	
Rents Received	\$	Auto Payments		\$	Other Real Estate (estimated value)		\$	
Unemployment Income	\$	Food		\$	Other		\$	
Food Stamps/Welfare	\$	Utilities/Phone/Cable		\$			\$	
Other	\$	Housekeeping Supplies		\$				
		Personal Care Products & Ser	vices	\$				
		Apparel & Services		\$				
		Other		\$				
Total (Gross income)	ş	Total Household Expenses a Payments	nd Debt	\$	Total Assets		\$	
Any other liens (mortgage liens, me	echanics liens,	tax liens, etc.)		•			•	
Lien Holder's Name	Balance & Inte		Loan Nur			Lien Holder's Phone Nu	umber	
Required Income Documentation								
□ Do you earn a salary or hourly wage? For each borrower who is a salaried employee or For each borrower who is a salaried employee or For each borrower who receives self-employed income, include a complete, signed								
paid by the hour, include paystub(s) reflecting the individual federal income tax return and, as applicable, the business tax return; AND								
most recent 30 days' or four weeks' earnings and either the most recent signed and dated quarterly or year-to-date profit/loss statement								
documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer). 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		ommissions, housing allow n describing the amount ar	-			employment contract	or	
printouts documen			iu nature	or the income	(e.g., paystub,	employment contract	U	
Social Security, disability or						ity policy or bonofits s	tatamant	
 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.								
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.								

UN	UNIFORM BORROWER ASSISTANCE FORM FOR GOVERNMENT LOANS							
HARDSHIP AFFIDAVIT								
opt	n requesting review of my current financial sitions. e Hardship Began is:	uation to determine whether I qualify for temporary or permanent mortgage loan relief						
	lieve my situation is: hort-term (under 6 months) fledium-term (6 -12 months) ong- term or Permanent Hardship (greater than 12	2 months)						
	I am having difficulty making my monthly payment because of the reason set forth below: (Please check the primary reason and submit required documentation demonstrating your primary hardship)							
		Then the Required Hardship Documentation is:						
	Unemployment	No hardship documentation required						
	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)	□ No hardship documentation required						
	Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	□ No hardship documentation required						
	Divorce or legal separation; separation of corrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	 Divorce decree signed by the court; OR Separation agreement signed by the court; OR Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property 						
	Death of a borrower or death of either the primary or secondary wage earner in the household	 Death certificate; OR Obituary or newspaper article reporting the death 						
	Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	 □ Proof of monthly insurance benefits or government assistance (if applicable); OR □ Written statement or other documentation verifying disability or illness; OR □ Doctor's certificate of illness or disability; OR □ Medical Bills None of the above shall require providing detailed medical information 						
	Disaster (natural or man- made) adversely impacting the property or borrower's place of employment	 □ Insurance claim; OR □ Federal Emergency Management Agency grant or Small Business Administration loan; OR □ Borrower or employer property located in a federally declared disaster area 						
	Distant employment transfer/ Relocation Business Failure	For active-duty servicemembers: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR Paystub from new employer In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders). Tax return from the previous year (including all schedules) AND Proof of business failure supported by one of the following: Bankruptcy filing for the business; OR						
		 ☐ Two months recent bank statements for the business account evidencing cessation of business activity; OR ☐ Most recent signed and dated quarterly or year-to-date profit and loss statement 						
	Other; a hardship that is not covered above	☐ 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.

		ng this request for mortgamber, or email address I have	•	•
or authorized thire messaging.	d party*. By checki	ng this box, I also conser	nt to being contacted b	oy □ text
Borrower Signature	Date	Co-Borrower Signatur	re 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.