

▶ Loan I.D. Number _____

▶ Servicer _____

BORROWER

| |
|------------------------------------|
| Borrower's name |
| Social Security Number |
| Home phone number with area code |
| Cell or work number with area code |

CO-BORROWER

| |
|------------------------------------|
| Co-borrower's name |
| Social Security Number |
| Home phone number with area code |
| Cell or work number with area code |

| | | | |
|----------------------------|--|--|---|
| I want to: | <input type="checkbox"/> Keep the Property | <input type="checkbox"/> Sell the Property | |
| The property is my: | <input type="checkbox"/> Primary Residence | <input type="checkbox"/> Second Home | <input type="checkbox"/> Investment Property |
| The property is: | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Renter Occupied for Less than 12 Months | <input type="checkbox"/> Vacant for Less than 12 Months |

| |
|--|
| Mailing address |
| Property address (if same as mailing address, just write same) |
| E-mail address |

Is the property listed for sale? Yes No
Have you received an offer on the property? Yes No
Date of offer _____ **Amount of offer \$** _____
Agent's Name: _____
Agent's Phone Number: _____
For Sale by Owner? Yes No

Have you contacted a credit-counseling agency for help? Yes No
If yes, please complete the following:
Counselor's Name: _____
Agency Name: _____
Counselor's Phone Number: _____
Counselor's E-mail: _____

Who pays the real estate tax bill on your property?
 I do Lender does Paid by condo or HOA
Are the taxes current? Yes No
Condominium or HOA Fees Yes No \$ _____
Paid to: _____

Who pays the hazard insurance premium for your property?
 I do Lender does Paid by Condo or HOA
Is the policy current? Yes No
Name of Insurance Co.: _____
Insurance Co. Tel #: _____

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: 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 a separate sheet of paper if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD¹

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 ² | \$ | 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.) | |
| Total (Gross Income) | \$ | Total Debt/Expenses | \$ | Total Assets | \$ |

INCOME MUST BE DOCUMENTED

¹Include 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.

²You 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.**

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

To be completed by interviewer

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

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 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 received by your servicer.

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 or forbearance 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 I have not received a condemnation notice, there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify, and:
 - (a) for consideration for the Home Affordable Modification Program (HAMP) or unemployment assistance, my property is owner-occupied and I intend to reside in this property for the next twelve months, or
 - (b) for consideration for the Home Affordable Foreclosure Alternatives Program (HAFA), my property has been owner-occupied within the last twelve months.
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 forbearance 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.

The undersigned certifies/y 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 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 and provide them with your name, our name as your servicer, your property address, loan number and 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.





USE AS INCOME VERIFICATION FOR CALIBER LOAN # _____

BORROWER NAME: _____

LETTER OF VERIFICATION:
CONTRIBUTION TO HOUSEHOLD INCOME

Date _____

To: Caliber Home Loans:

This letter is written to state that I, _____, contribute monthly household income in the amount of \$ _____ per month. My relationship to your current borrower is _____. I have attached 2 months of my most recent income documentation to verify the source of the income. I state that this information provided is correct and to the best of my knowledge.

Respectfully,

Signature Required

LET US GUIDE YOU HOME



CALIBER
HOME LOANS



NON-BORROWER CONTRIBUTOR CREDIT REPORT AUTHORIZATION

Caliber Account Number: # _____

Borrower Name(s) (please print): _____

Each of the undersigned hereby acknowledges that Caliber Home Loans, Inc., as servicer for the owner of the above-referenced mortgage loan, has permission to verify and to obtain any credit information or data, for any legitimate business purpose through any source, including a consumer reporting agency. (Non-borrower contributor(s) authorizing Caliber to pull their credit report must sign, date and provide their social security number below)

X _____
Non-borrower Contributors Signature

Date

Printed Name

Social Security #

X _____
Non-borrower Contributors Signature

Date

Printed Name

Social Security #