

# Mortgage Assignment Program Request for Financial Information

**U.S. Department of Housing  
and Urban Development**  
Office of Housing / Federal Housing Commissioner

OMB Approval No. 2502-0159 (exp. 9/30/97)

**Important:** No lender, including HUD, may discriminate against you in giving credit because of your race, sex, age, or marital status. Complaints about discrimination by lenders for these reasons should be sent to the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Read the Privacy Act and Public Reporting Burden Statements on the last page.

Property Address: ((include city, state & zip code))	HUD/FHA Case Number:	Lender's Name & Address:	HUD Account No:
	Mortgage Loan Number:		

Borrowers' Names: List all persons whose names appear on your mortgage or note.	Address: (if different from property address, above)	Phone No: (day/evening)
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Do you collect rent for any part of this house?  Yes  No If "yes," how much rent per month do you collect? \$

**Household Composition & Income.** List the name of every person who lives at the address and give all requested information about each person. This form asks three questions about income: 1. How much did each person make last year (broken down by where the money came from); 2. How much does each person make right now. 3. How much does each person expect to make in the next 12 months (including raises, overtime, part time jobs, etc.). Show all money received, no matter where it comes from. Also, list the Social Security number (SSN) of all household members age six years and older.

Name	Social Security Number	Age	Sex	Relation ship	1. Last Year's Income, Retirement, or Benefits Payments					2. Current Income		3. Expected Income for Next 12 Months
					Wages or Salary	Social Security	Disability	Unemployment	Welfare	Other	<input type="checkbox"/> Wkly <input type="checkbox"/> Mnthly	
				head								
				Total								

<b>Federal Tax.</b> If pay stubs are not available, complete this section for each family member above (other than minors) who submitted a Federal Income Tax Return.	Taxpayer:	Date of Return:	Adjusted Gross Income:	Taxpayer:	Date of Return:	Adjusted Gross Income:
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<b>Sources of Income.</b> Show where all the money under "Current Income" comes from. If anyone has income from more than one source, use more than one line. "Source" is the name of the person, company, government agency, etc. from which money comes. Attach additional pages if necessary.	Name:	Source: (job, unemployment, etc.)	Address of Source:	Telephone:	Monthly Amount:
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Has the borrower filed for bankruptcy?  Yes  No Does the borrower receive food stamps?  Yes  No If "yes," enter the dollar value of the stamps: \$

<b>Do you expect future income?</b> (Insurance claims, disability claims, lawsuits, alimony and child support, rent, etc.)			
Person to Receive Added Income	When:	From What Source:	Lump Sum: Monthly Amount:

<b>Assets:</b> How much money do you have in....				
Savings Account:	Cash or Money Orders:	Checking Account:	Savings Bonds:	Life Insurance: (cash value)

<b>Real Estate you Own Beside your House:</b>			
Description of Property:	Purchase Price:	Monthly Payments:	Monthly Rental Income, if any:

Monthly Deductions from Gross Income	Amount	Remarks (if any)
Federal Income Tax	\$	
State Income Tax	\$	
Local Taxes (personal property, school, city, etc.)	\$	
Social Security and/or Retirement	\$	

Monthly Expenses - Include loan payments or other expenses deducted from pay check	Amount	Remarks (if any)
Second Mortgage	\$	
Electricity, Gas, and Oil	\$	
Water and Sewer	\$	
Hazard Insurance	\$	
Home Maintenance Repairs	\$	
Telephone	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Auto Insurance	\$	
Medical (premiums and bills not paid by insurance)	\$	
Life Insurance	\$	
Education, Tuition, Books	\$	
Installment Payments (see below)	\$	
Alimony, Child Support	\$	
Other	\$	

Installment Payments in detail:	Date Opened	Purpose	Present Balance	Monthly Payment	Date of Last Payment	No. of Paymts Past Due
To whom paid						

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Describe any **Emergency Repairs** necessary on your house. (heat, plumbing, electrical, roof, etc.) Attach additional pages if necessary.

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**Circumstances:** Explain in your own words why you got behind in your mortgage payments. To obtain help from HUD, the reasons that you fell behind in your mortgage payments must have been beyond your control. Some examples of such reasons are: You or your household had reduced income because of loss of a job, death, divorce, or illness; or you or your household had increased expenses because someone in the household was injured, became ill, or died. There may be other reasons that make you eligible for help. Please explain, in your own words, why you were not able to make your mortgage payments. Attach additional pages if necessary.

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**Reasonable Prospects:** Explain how you expect to make the full monthly mortgage payments in the future. There are many ways in which you can do that. For example, if you missed payments because you lost your job, you should state (if) you expect to get a new job. If you are ill or injured, you can state when your doctor expects you to recover and go back to work. If you have applied, or plan to apply, for some form of government assistance, please include that in your answer. If you have had increased expenses, you should state how you expect to pay them and when you expect to be able to continue making your mortgage payments. Attach additional pages if necessary.

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**I hereby certify** that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 USC 1001, 1010, 1012; 31 USC 3729, 3802)

Signature(s) & Date:

X

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**Public reporting burden** for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0159), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

**Privacy Act Statement:** The Department of Housing and Urban Development (HUD) is authorized to collect the information requested on this form by Public Law 479, 48 statute 1246, 12 U.S.C., 1701 et seq. and by the Housing and Community Development Act of 1987, 42 U.S.C. 3543 which authorizes the collection of the Social Security Number (SSN). HUD uses this information to help in determining the type of relief, if any, that can be provided to assist you in avoiding foreclosure of your mortgage. This information will be used to determine whether HUD will accept assignment of your mortgage in which case HUD would become your lender. If HUD is already your lender, this information will help HUD determine whether additional relief is warranted. In addition, HUD uses your SSN to request a credit report on you which will help HUD in verifying your financial situation. The financial information will assist HUD in determining how much you can pay on your mortgage. The information you provide will be disclosed to the credit report agency. In addition, HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide any of the required information may result in HUD not accepting the assignment of your mortgage. Providing the SSN is **mandatory** and failure to provide it could affect your participation in HUD programs.

**Important:** No lender, including HUD, may discriminate against you in giving credit because of your race, sex, age, or marital status. Complaints about discrimination by lenders for these reasons should be sent to the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

## Home Affordable Modification Program Hardship Affidavit

Borrower Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Co-Borrower Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Property Street Address: \_\_\_\_\_  
 Property City, ST, Zip: \_\_\_\_\_  
 Servicer: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

**Information for Government Monitoring Purposes**

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

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information		<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>To be Completed by Interviewer</b>		Interviewer's Name (print or type)	
This application was taken by:		Name/Address of Interviewer's Employer	
<input type="checkbox"/> Face-to-face interview		Interviewer's Signature                      Date	
<input type="checkbox"/> Mail			
<input type="checkbox"/> Telephone		Interviewer's Phone Number (include area code)	
<input type="checkbox"/> Internet			

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

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we accept and agree to all terms of the Home Affordable Modification Trial Period ("Trial Period") Plan which is incorporated herein by reference as if set forth in full.
10. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
11. I/we agree that any prior waiver as to payment of escrow items in connection with my loan has been revoked.
12. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
13. I/we understand that 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 the Trial Period Plan and Modification 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 for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

Borrower Signature	Date	Co-Borrower Signature	Date
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # _____		Home Phone # _____	
Work Phone # _____		Work Phone # _____	
Social Security # _____		Social Security # _____	

Explanation:

Explanation (Continued):

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide a detailed explanation of the situation.

**CREDIT REPORT AUTHORIZATION**

DEAR VALUED CUSTOMER:

IN RE: JBN#:

In the process of reviewing your case for the Loss Mitigation or Pre-Foreclosure Sale program, we here at James B. Nutter and Company Mortgage Bankers are going to need a Credit Bureau Report.

In order for us to expedite your request, please sign the acknowledgment below that you hereby give James B. Nutter and Company Mortgage Bankers permission to obtain this information. Without this, we will be unable to process your request for review.

Thank you for your assistance in this matter.

I hereby give my permission to obtain a Credit Report on me for the purpose of Loss Mitigation Review.

**SIGNED**

**SOCIAL SECURITY NUMBER**

**X** \_\_\_\_\_  
Borrower

\_\_\_\_\_

**X** \_\_\_\_\_  
Co-Borrower

\_\_\_\_\_



# Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
 Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

## Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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## Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
				Pay Grade		
				Type	Monthly Amount	15. If paid hourly — average hours per week
				Base Pay	\$	
12B. Gross Earnings				Rations	\$	16. Date of applicant's next pay increase
Type	Year To Date	Past Year 19__	Past Year 19__	Flight or Hazard	\$	
Base Pay	\$ Thru ____ 19__	\$	\$	Clothing	\$	17. Projected amount of next pay increase
Overtime	\$	\$	\$	Quarters	\$	
Commissions	\$	\$	\$	Pro Pay	\$	18. Date of applicant's last pay increase
Bonus	\$	\$	\$	Overseas or Combat	\$	
Total	\$	\$	\$	Variable Housing Allowance	\$	19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Commissions _____ Bonus _____
24. Reason for Leaving		25. Position Held	

**Part IV — Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in item 26	30. Phone No.	