

## SERVISOLUTIONS EARLY INTERVENTION ANALYSIS CHECKLIST

**Please complete this Early Intervention Request IF your loan is:  
Due for 3 payments or less  
12 months old or less  
A Mortgage Revenue Bond loan which is unable to be modified**

Listed below are all of the items we must receive before we can begin reviewing your request.

BORROWER	CO-BORROWER AND/OR CONTRIBUTING INDIVIDUAL
<input type="checkbox"/> <b>Fully completed</b> , signed and dated the enclosed <b>Early Intervention Analysis</b> . (Signed by <b>all</b> borrowers on the mortgage, note, and <b>all</b> who plan to contribute and execute the final workout option agreement.	<input type="checkbox"/> <b>Fully completed</b> , signed and dated the enclosed <b>Early Intervention Analysis</b> . (Signed by <b>all</b> borrowers on the mortgage, note, and <b>all</b> who plan to contribute and execute the final workout option agreement.
<input type="checkbox"/> Included <b>30 days of all income documentation</b>	<input type="checkbox"/> Included <b>30 days of all income documentation</b>
<input type="checkbox"/> Included <b>all</b> pages of <b>2 months of official personal and business bank statements</b> for <b>all</b> accounts.	<input type="checkbox"/> Included <b>all</b> pages of <b>2 months of official personal and business bank statements</b> for <b>all</b> accounts.
<input type="checkbox"/> Mailed or faxed a <b>copy</b> of the <b>complete Early Intervention Analysis</b> and all required documentation and retained confirmation of receipt by ServiSolutions.	<input type="checkbox"/> Mailed or faxed a <b>copy</b> of the <b>complete Early Intervention Analysis</b> and all required documentation and retained confirmation of receipt by ServiSolutions.

Please provide copies of documents as originals will not be returned nor copies made. It is recommended that you contact a HUD-approved counselor. You can find a HUD Counselor in your area by visiting <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>

or

[www.ServSol.com](http://www.ServSol.com) and selecting Homeownership Retention, Collections, and viewing the "[Tips for Avoiding Foreclosure](#)" brochure.

Please send your **complete** Early Intervention Analysis via **mail** to S e r v i S o l u t i o n s – Attn: Collections – P.O. Box 242928 – Montgomery, AL 36124-2928 by **fax** to 334-244-9214 or by **email** to [collections@servsol.com](mailto:collections@servsol.com). **Junior mortgages are not included in the Early Intervention efforts and must remain current.**

Total time for Collections' Early Intervention process can be up to **30 days**. You will receive an acknowledgment letter within **14 days** confirming receipt and requesting any missing information, if applicable. You will receive a call within **7 days** after your **complete** application is received to review over your financial information. If you are eligible for a repayment plan, you will receive a repayment agreement. If you are not eligible, your information will be forwarded to the Loss Mitigation department to confirm and review your loan for other foreclosure alternatives. This process may take an additional **57 days**. **It is not necessary to complete both an Early Intervention Analysis and FHA/USDA/VA Loss Mitigation Application for one request for assistance.**

If you have any further unanswered questions, you may contact Collections at **866-339-2432**.

**Per your original mortgage agreement and current insurer's guidelines, payments *may* be accepted under the following conditions:**

The payment received represents at least half of the **full** amount due including payments, late charges, and other fees

The payment received represents the amount agreed to in an **oral or written forbearance/repayment agreement**

Your loan is **not in foreclosure**

14 days have not lapsed since a **future partial payment refusal or certified funds only notice** for your current delinquency has been sent

**AND**

Your loan remains due for **3 payments or less**

Your current delinquency has not been continuous for **6 months or more**



# EARLY INTERVENTION ANALYSIS

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PLEASE RETURN TO FAX: 334 244 9214, COLLECTIONS@SERVSOL.COM, OR P.O. Box 242928 MONTGOMERY, AL 36124 ATTN: COLLECTIONS

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

BORROWER		CO-BORROWER	
Borrower's Name		Co-Borrower's/Non-Owner Occupant's Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home phone number with area code (Best time to Call)		Home phone number with area code (Best time to Call)	
Cell number with area code (Best time to Call)		Cell number with area code (Best time to Call)	
Work number with area code (Best time to Call)		Work number with area code (Best time to Call)	
E-mail Address		E-mail Address	

Mailing Address	
Property Address (if same as mailing address, just write "Same")	Do you occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Dependents (with ages): _____ If No, when did you vacate? _____
Is any borrower an active service member? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please provide a copy of your recent PCS/deployment orders, if applicable.</b>	Was/Is it rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____
<b>Do you want to keep the property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is the property listed for sale?</b> If yes, what is the listing price? \$ _____ <b>Is there an offer?</b> If yes, what is the net amount? \$ _____ Agent's Name: _____ Agent's Phone: _____ Agent's Email: _____	<b>Have you made the <u>required</u> contact with a HUD counseling agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please call 800-569-4287 to locate a counselor. <b>If yes, complete counselor contact information below:</b> Counselor's Name: _____ Counselor's Phone: _____ Counselor's Email: _____
<b>3<sup>RD</sup> Authorization is required to share information with your agent</b>	

<b>EMPLOYMENT*</b>			
<b>Borrower:</b> Employer's Name and Your Occupation	Years/Months	<b>Co-Borrower:</b> Employer's Name and Your Occupation	Years/Months

<b>INCOME FOR HOUSEHOLD: PLEASE PROVIDE YOUR MOST RECENT 30 DAYS OF PAYSTUBS, AWARD LETTER, AND/OR COURT DOCUMENTATION</b>			
<b>BORROWER'S MONTHLY NET INCOME</b>		<b>CO-BORROWER'S MONTHLY NET INCOME</b>	
Wages (Frequency: _____ )	\$ _____	Wages (Frequency: _____ )	\$ _____
Unemployment (Please provide proof of occurrence)	\$ _____	Unemployment (Please provide proof of occurrence)	\$ _____
Child Support/Alimony	\$ _____	Child Support/Alimony	\$ _____
SSI/Disability/VA/Retirement Income	\$ _____	SSI/Disability/VA/Retirement Income	\$ _____
Rent/Boarder Income received for _____ years	\$ _____	Rent/Boarder Income received for _____ years	\$ _____
Self-Employment received for _____ years	\$ _____	Self-Employment received for _____ years	\$ _____
Other (2 <sup>nd</sup> Job, School, Severance, etc.)	\$ _____	Other (2 <sup>nd</sup> Job, School, Severance, etc.)	\$ _____
<b>Borrower's Total Monthly Net Income</b>	<b>\$ _____</b>	<b>Co-Borrower's Total Monthly Net Income</b>	<b>\$ _____</b>

<b>MONTHLY EXPENSES FOR ALL HOUSEHOLD MEMBERS: PLEASE PROVIDE YOUR LAST 2 MONTHS PERSONAL AND/OR BUSINESS BANK STATEMENTS</b>							
<b>Description</b>		<b>Payment</b>	<b>Balance</b>	<b>Description</b>		<b>Payment</b>	<b>Balance</b>
Alimony Payment		\$ _____	\$ _____	Loan (Installment)		\$ _____	\$ _____
Alarm System		\$ _____	\$ _____	Loan (Personal)		\$ _____	\$ _____
Appliances/Furniture		\$ _____	\$ _____	Loan (Title/Pay Day)		\$ _____	\$ _____
Cable/Internet		\$ _____	\$ _____	Loan (Student-Deferment documentation needed)		\$ _____	\$ _____
Car Insurance		\$ _____	\$ _____	Medical/Dental		\$ _____	\$ _____
Car Payment		\$ _____	\$ _____	Medical: Co-pays		\$ _____	\$ _____
Car Payment		\$ _____	\$ _____	Medical: Health Ins (not withheld from pay)		\$ _____	\$ _____
Car Repairs/Maintenance		\$ _____	\$ _____	Medical: Prescriptions		\$ _____	\$ _____
Cell Phone(s)/Home Phone		\$ _____	\$ _____	Mortgage: ServiSolutions 1 <sup>st</sup> mortgage		\$ _____	\$ _____
Child Support Payment		\$ _____	\$ _____	Mortgage: ServiSolutions 2 <sup>nd</sup> mortgage		\$ _____	\$ _____
Credit Card(s) & Number of cards _____		\$ _____	\$ _____	Mortgage: Other than ServiSolutions		\$ _____	\$ _____
Dependent/Child Care		\$ _____	\$ _____	<b>Other:</b>		\$ _____	\$ _____
Electricity		\$ _____	\$ _____	--Apparel/Services for _____ household members		\$ _____	\$ _____
Home Insurance &/or Warranty (not in		\$ _____	\$ _____	--House Supplies for _____ household members		\$ _____	\$ _____
Groceries/Dining for _____ house members		\$ _____	\$ _____	--Personal Care for _____ household members		\$ _____	\$ _____
Garbage/Trash (if not included with water)		\$ _____	\$ _____	--Church/Charity		\$ _____	\$ _____
Gas/Heating Oil		\$ _____	\$ _____	Transportation: Gasoline/Parking/Tolls _____ autos		\$ _____	\$ _____
Gym Membership		\$ _____	\$ _____	Rent		\$ _____	\$ _____
HOA/Condo Fees	Past due amount	\$ _____	\$ _____	Storage		\$ _____	\$ _____
IRS/Pawn Shop		\$ _____	\$ _____	Tuition, Books, etc		\$ _____	\$ _____
Lawn Care/Pest Control		\$ _____	\$ _____	Water/Sewer		\$ _____	\$ _____
Life Insurance (not withheld from pay)		\$ _____	\$ _____	<b>Total Monthly Expenses</b>		<b>\$ _____</b>	<b>\$ _____</b>

Do you receive food stamps?       Yes    No      If yes, what is the monthly amount that you receive? \$ \_\_\_\_\_

**GENERAL QUESTIONS**

1. Please provide a **brief** description of what occurred within the last **90 days** that caused/will cause your delinquency.
2. Is there another individual contributing to the mortgage and/or expenses? If so, who, how much, and what expenses?
3. If you are currently unemployed and/or have experienced an income reduction, have you contacted Hardest Hit?

**ACKNOWLEDGEMENT AND AGREEMENT**

Your submission of documentation to ServiSolutions, the consideration by ServiSolutions, and discussions/negotiations with you of any possible foreclosure alternative shall not constitute a waiver of or defense to my lender’s right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender.

1. I acknowledge that all of the information in this document and **all** additional statements and documentation submitted for review is truthful. The event(s) identified on this page is/are the reason(s) that I need to request a forbearance of the terms of my mortgage loan. I understand that it is a federal offense punishable by a maximum of a \$10,000 fine, two years’ imprisonment, or both, to knowingly make a false statement in this affidavit (Title 18, United States Code, Section 10140). I have read the information carefully to be sure information contained herein is true and complete before signing. I understand that the information provided in this affidavit is subject to verification by Alabama Housing Finance Authority.
2. 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, and to investigate 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.
3. 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, the Servicer may **terminate** my participation in assistance, including any right to future benefits and incentives that otherwise would have been available under the assistance/program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
4. I understand that 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.
5. I am willing to **commit to credit counseling** if it is determined that my financial hardship is related to excessive debt.
6. 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’s Signature

\_\_\_\_\_  
Date



\_\_\_\_\_  
Co-Borrower’s Signature

\_\_\_\_\_  
Date