

SERVISOLUTIONS BORROWER FINANCIAL STATEMENT CHECKLIST

Please complete this loss mitigation request IF your FHA, VA, or USDA loan is due for 4 payments or more.

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

BORROWER	CO-BORROWER OR CO-MORTGAGOR
<input type="checkbox"/> Fully completed the enclosed Borrower Financial Statement with signature by all borrowers who are financially obligated by the note. (A recorded divorce decree and quit claim may be required if applicable for parties on the mortgage but not on the note.)	<input type="checkbox"/> Fully completed the enclosed Borrower Financial Statement with signature by all borrowers who are financially obligated by the note. (A recorded divorce decree and quit claim may be required if applicable for parties on the mortgage but not on the note.)
<input type="checkbox"/> Included most recent 30 days of all income documentation and the enclosed Verification of Employment . (Please refer to Required Income Documentation on Page 3. Please only complete the name and address of your employer, your name and address, your SSN and signature in PART 1 of the Verification of Employment.)	<input type="checkbox"/> Included most recent 30 days of all income documentation and the enclosed Verification of Employment . (Please refer to Required Income Documentation on Page 3. Please only complete the name and address of your employer, your name and address, your SSN and signature in PART 1 of the Verification of Employment.)
<input type="checkbox"/> Included most recent 1 month utility bills , statements for balances not on the credit report , and verification of Homeowners Association (HOA) dues. ServiSolutions billing statements are not necessary.	<input type="checkbox"/> Included most recent 1 month utility bills , statements for balances not on the credit report , and verification of Homeowners Association (HOA) dues. ServiSolutions billing statements are not necessary.
<input type="checkbox"/> Included all pages of most recent 2 months of official personal and business bank statements for all accounts. (Transaction listings are not acceptable.) Statements shows the bank's logo and ownership. (If applying for a pre-foreclosure sale, 3 statements are required. Please also submit an explanation of any and all undescribed deposits.)	<input type="checkbox"/> Included all pages of most recent 2 months of official personal and business bank statements for all accounts. (Transaction listings are not acceptable.) Statements shows the bank's logo and ownership. (If applying for a pre-foreclosure sale, 3 statements are required. Please also submit an explanation of any and all undescribed deposits.)
<input type="checkbox"/> Included an explanation of the financial hardship preventing the mortgage payment as of the current delinquency per the pay history with supporting documentation . Ensure documentation at minimum covers the entire month of the delinquency and at max includes 1 month before and 1 month after the specified month of delinquency. (If you write/type a separate letter, it must be signed and dated .)	<input type="checkbox"/> Included an explanation of the financial hardship preventing the mortgage payment as of the current delinquency per the pay history with supporting documentation . Ensure documentation at minimum covers the entire month of the delinquency and at max includes 1 month before and 1 month after the specified month of delinquency. (If you write/type a separate letter, it must be signed and dated .)
<input type="checkbox"/> Included the signed and dated copies of last 2 years personal and business tax returns with W-2 wage and income transcript and tax return transcripts, FROM the IRS website www.irs.gov/individuals/get-transcript .	<input type="checkbox"/> Included the signed and dated copies of last 2 years personal and business tax returns with W-2 wage and income transcript and tax return transcripts, FROM the IRS website www.irs.gov/individuals/get transcript .
<input type="checkbox"/> Mailed or faxed a copy of the complete loss mitigation request and all required documentation retained confirmation of receipt by ServiSolutions at least 38 days prior to a foreclosure sale date .	<input type="checkbox"/> Mailed or faxed a copy of the complete loss mitigation request and all required documentation retained confirmation of receipt by ServiSolutions at least 38 days prior to a foreclosure sale date .

Depending on your individual circumstances, additional information may be required and full payments may be accepted if your account is not in Foreclosure. Please provide copies of documents as originals will not be returned nor copies made. If you need assistance in completing the information, you may 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 and selecting Homeownership Retention and viewing the "[Tips for Avoiding Foreclosure](#)" brochure.

Please send your **complete** package via **mail** to S e r v i S o l u t i o n s – Attn: Loss Mitigation Dept. – P.O. Box 242928 – Montgomery, AL 36124-2928 or by **fax** to 334-271-3104. **Junior mortgages are not included in loss mitigation payment arrangements and must remain current.**

Total processing time can be up to **67 days**. You will receive an acknowledgment letter confirming receipt of your package. Please allow Intake at least **7 days** to contact you regarding the status of your application. Receipt of a **complete** package will be confirmed via phone and mail, at which time the evaluation time frame begins. Please allow Underwriting the full **30 days** to process your request. You will be contacted via phone and mail once a decision is rendered or if additional information is needed for a thorough and accurate review. If you have any further unanswered questions, you may call 866-339-2432.



BORROWER FINANCIAL STATEMENT

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PLEASE COMPLETE ALL PAGES OF THIS FORM

Loan ID Number: _____

BORROWER		CO-BORROWER OR CO-MORTGAGOR	
Name		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 <i>(If different from the property address, please provide a lease and utility bills)</i>	
Property Address (if same as mailing address, you may just write "Same")	Do you occupy and want to keep 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	Was/Is it rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long?
Have you recently been deployed or received a PCS order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide a copy of the lease agreement and a Schedule E and/or bank statement showing deposits.
Has the mortgage on your principal residence ever had a Standard or HAMP trial or permanent modification? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide details: _____	
Has the borrower or co-borrower had a foreclosure on a property previously owned? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide details: _____	

INVOLUNTARY INABILITY TO PAY (Supporting documentation within 1-2 months of the delinquency required)

I am having difficulty making my monthly payment as of _____ because of one or more of the following hardships:

Date per my ServSol pay history

Hardship	Supporting Examples	Hardship	Supporting Examples
<input type="checkbox"/> Death of Borrower	Death Certificate	<input type="checkbox"/> Unemployment	Compensation Notice
<input type="checkbox"/> Illness of Borrower	Pay stubs/Bank Statements	<input type="checkbox"/> Business Failure	Bank Statements/Bankruptcy
<input type="checkbox"/> Illness or Death of Family Member	Death Cert/Bank Statements	<input type="checkbox"/> Casualty Loss	Insurance Claim/Incident Report
<input type="checkbox"/> Marital Difficulties	Recorded Court Decree	<input type="checkbox"/> Energy/Environmental Cost	Receipts/Hazard Documentation
<input type="checkbox"/> Reduction in Income	Previous pay stubs/tax returns	<input type="checkbox"/> Government Seizure	Proof of How Payment Affected
<input type="checkbox"/> Excessive Debt	Receipts/Bank Statements	<input type="checkbox"/> Payment Adjustment	Unsustainable Escrow Increase
<input type="checkbox"/> Abandoned Property	Proof of Residency	<input type="checkbox"/> Transfer of Ownership	Sales Contract
<input type="checkbox"/> Distant Employment Transfer	Employer Notice/Paystubs	<input type="checkbox"/> Fraud	Illegal Origin Documentation
<input type="checkbox"/> Problem with Property	Receipts/Insurance Claim	<input type="checkbox"/> Military Indulgence	Origin prior to enlistment/active
<input type="checkbox"/> Inability to Rent/Sell or Non-paying tenant	Listing agreement/NOD	<input type="checkbox"/> Natural Disaster	Insurance Claim/Grant Receipt
<input type="checkbox"/> Military Service	Change of Station Orders	<input type="checkbox"/> Other (Ex. Incarceration)	3 Months Bank Statements

Date/Details of Above: _____

Is the property listed for sale?

☐ Yes ☐ No If yes, what is the listing price? _____

If yes, please provide a copy of the listing agreement.

Agent's Name: _____

Agent's Phone: _____

Agent's Email: _____

Have you made the required contact with a HUD counseling agency?

☐ Yes ☐ No If No, please call 800-569-4287 to locate a counselor.

If yes, please complete counselor contact information below:

Counselor's Name: _____

Counselor's Phone: _____

Counselor's Email: _____

Have you filed for bankruptcy? ☐ Yes ☐ No **If yes:** ☐ Chapter 7 ☐ Chapter 13 **Filing Date(s):** _____

If the payment is **not** withdrawn from your check, what is the monthly bankruptcy payment? \$ _____

Has your bankruptcy been discharged? ☐ Yes ☐ No **Please provide the discharge order** Has the **Chapter 7** been reaffirmed? ☐ Yes ☐ No

THIRD PARTY AUTHORIZATION (For other parties **other than the borrower(s) and ServiSolutions)**

LOSS MITIGATION IS FREE. Beware of foreclosure rescue scams asking for a fee for counsel, representation, or a modification.

I/We hereby authorize _____ (third-party personal information included below) to access information regarding my/our account. (Limited as stated below.)

Name:	Last 4 digits of SSN or Tax ID Number:	Phone Number:
Address:	City:	State: Zip:
Third-Party Signature:		Date:
Authorization shall remain valid between _____ (start date) and _____ (end date).		
Borrower's Signature: (All Borrowers must sign.)		Co-Borrower's Signature:

ADDITIONAL LIENS/JUDGMENTS

If there are additional liens or judgments on this property, please name the person(s), company(s) or firm(s) and their respective telephone numbers. Additional information such as **3rd Party Authorization** or a **recorded satisfaction** may be required to complete your workout option. You may complete the **3rd Party Authorization** above so that we can contact the lien holder to resolve title issues while reviewing for loss mitigation.

Lien Holder's Name

Telephone Number

Judgment Creditor's Name

Telephone Number

EMPLOYMENT*

Borrower: Employer's Name and Your Occupation	Years/Months	Co-Borrower: Employer's Name and Your Occupation	Years/Months

*** Verifications of Employment for Borrower and Co-Borrower as well as at least four current and consecutive paystubs with gross, net, and year-to-date information must be submitted. Please see Required Income Documentation below.**

INCOME FOR HOUSEHOLD*

BORROWER'S MONTHLY NET INCOME		CO-BORROWER'S OR CO-MORTGAGOR'S MONTHLY NET INCOME	
Wages (Frequency:)	\$	Wages (Frequency:)	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support/Alimony	\$	Child Support/Alimony	\$
SSI/Disability/VA/Retirement Income	\$	SSI/Disability/VA/Retirement Income	\$
Rent/Boarder Income with 2 year tax history	\$	Rent/Boarder Income with 2 year tax history	\$
Self-Employment with 2 year tax history	\$	Self-Employment with 2 year tax history	\$
Other (2 nd Job, School, Severance, etc.)	\$	Other (2 nd Job, School, Severance, etc.)	\$
Borrower's Total Monthly Net Income	\$	Co-Borrower's Total Monthly Net Income	\$

REQUIRED INCOME DOCUMENTATION* Additional information may be required for your evaluation

All Borrowers occupying and not occupying the property	<input type="checkbox"/> Include a signed IRS Form 4506-T
Do you earn wages from a full and/or part-time employer?	<input type="checkbox"/> Provide the most recent pay stubs representing one full month. (If paid monthly, bi-weekly or semi-monthly, provide 3. If paid weekly provide 5)
Are you self-employed?	<input type="checkbox"/> Provide signed and dated quarterly or year to date profit and loss statement, last 2 months business account statement, and personal and business tax returns for the last 2 years.
Do you receive SSI, disability, death benefits, pension, retirement, severance, public assistance, Hardest Hit, unemployment, underemployment, food stamps, or adoption assistance?	<input type="checkbox"/> Provide the most recent awards letter and documentation verifying the amount and frequency received.
Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the recorded divorce decree/separation/court documents and documentation verifying the amount and frequency
Do you receive rental income, contribution income from a legal spouse who is willing to execute workout option agreement, or a school refund or tuition reimbursement?	<input type="checkbox"/> Provide a lease, Non-Owner Occupant Certification, and/or any other documentation of amount and frequency received. *All financial information required of the borrower is required for an added spouse.

MONTHLY EXPENSES FOR ALL HOUSEHOLD MEMBERS			
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 st mortgage	\$
Child Support Payment	\$	Mortgage: ServiSolutions 2 nd mortgage	\$
Credit Card (not on your credit report)	\$	Mortgage: Other than ServiSolutions	\$
Dependent/Child Care (including milk/diapers)	\$	Other:	\$
Electricity	\$	--Apparel/Services for ____ household members	\$
Home Insurance &/or Warranty (not in payment)	\$	--House Supplies for ____ household members	\$
Groceries/Dining ____ household members	\$	--Personal Care for ____ household members	\$
Garbage/Trash (if not included with water)	\$	--Church/Charity	\$
Gas/Heating Oil	\$	Transportation: Gas/Parking/Tolls for ____ autos	\$
Gym Membership	\$	Rent	\$
HOA/Condo Fees	Past dues	\$	Storage
IRS/Pawn Shop	\$	Tuition, Books, etc (Please provide documentation)	\$
Lawn Care/Pest Control	\$	Water/Sewer	\$
Life Insurance (not withheld from pay)	\$	Total Monthly Expenses	\$
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the monthly amount that you receive? \$ _____			
*An official food stamp benefit notice and a statement showing the balance of loans listed as "Other" are required.			

ASSETS			
List banking institution and current balances for the following:			
Savings Institution Name	\$	Savings Bonds	\$
Checking Institution Name	\$	Cash/Money Order	\$
Life Insurance Carrier	(Cash Value) \$	Other Securities and Assets (Car, Furniture, Etc.)	\$

REAL ESTATE OWNED

List any other real estate property owned besides your home with ServiSolutions:

Description of Property	Purchase Price	Monthly Payments	Servicer
Description of Property	Purchase Price	Monthly Payments	Servicer
Description of Property	Purchase Price	Monthly Payments	Servicer

EMERGENCY REPAIRS

List any emergency repairs needed to your home (heating, plumbing, electrical, etc.):

ADDITIONAL QUESTIONS AND GENERAL INFORMATION

1. Full payments may be made as long as the account is **not in foreclosure**. Do you plan to make payments during the loss mitigation review to delay foreclosure referral, if your loan has not been referred to foreclosure already?
2. If you are unemployed, on fixed income and/or have experienced an income reduction, have you contacted **Hardest Hit**?
3. How is/are student loans refund(s), Pell grant funds, and/or tuition reimbursement(s) allocated? Graduation Date?
4. If the borrower is deceased, are you the executor and/or heir of the estate? **Please provide documentation.**
5. A legal spouse/mortgagor committed to residing in the home for the remainder of the loan term willing to submit his/her financial information, be responsible for the debt, and execute **trial and modification** documents **may** be added. Use of a spouse not on the original title is currently a courtesy granted by ServiSolutions and **protects the original borrower** for court property awarding in the event of a separation. **Please see Non-Borrower Certification.**
6. Five percent of collection balances will be calculated if **documentation** of the monthly amount is not provided.
7. One percent of deferred student loans will be calculated if **documentation** of the monthly amount is not provided.
8. Self employment, rental, and boarder income require a **2 year tax history** to change the terms of your loan.
9. **A documented hardship, verified affordability, and a title free of liens/judgments are required for HAMP eligibility.**


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. No contract to modify your loan shall exist until the appropriate documents modifying the loan terms has been executed by you and ServiSolutions. Accordingly, prior to the execution of those documents, you should not take any action (or fail to take any action) in reliance on any loan modification being approved by ServiSolutions. The acceptance by ServiSolutions of your submission of documentation, its consideration, and discussions with you of possible modification of your loan shall not be deemed to constitute a waiver of any of your obligations or any of ServiSolutions' rights and remedies under the loan documents.


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 pages 2 and 6 is/are the reason(s) that I need to request a modification or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure. 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 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 authorize ServiSolutions to discuss, obtain and share information about my mortgage and personal financial situation with **third parties** such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus.
5. 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 Loss Mitigation and MHA, 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.
6. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a **condemnation** notice.
7. 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.
8. 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.
9. I am willing to **commit to credit counseling** if it is determined that my financial hardship is related to excessive debt.

10. If I am eligible for Loss Mitigation and/or assistance under MHA, and I accept and agree to all terms of a Loss Mitigation/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. Return of the agreement and my first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for Loss Mitigation/MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
11. 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.
12. 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

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.sigtarp.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.

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

PART I - REQUEST

1. TO: (Name and Address of Employer)		2. FROM: (Name and Address of Lender or Local Processing Agency) <i>This item must be completed before sending to employer.</i> ServiSolutions 7460 Halcyon Pointe Drive Suite 200 Montgomery, AL 36117	
3. 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. <hr/> <i>(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)</i>	4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER	5. DATE	6. HUD/FHA/CPD, VA OR USDA NO.
7. NAME AND ADDRESS OF APPLICANT		I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.	
		8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.	
		SIGNATURE OF APPLICANT	

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA		PAY DATA				
9. APPLICANT'S DATE OF EMPLOYMENT		12A. BASE PAY (Current) OR OTHER INCOME		For Military Personnel Only		
		\$ _____ <input type="checkbox"/> Annual	\$ _____ <input type="checkbox"/> Hourly			
10. PRESENT POSITION		\$ _____ <input type="checkbox"/> Monthly	\$ _____ <input type="checkbox"/> Weekly	Type	Monthly Amount	
		\$ _____ <input type="checkbox"/> Other (Specify)		BASE PAY	\$	
11. PROBABILITY OF CONTINUED EMPLOYMENT		12B. EARNINGS			RATIONS	\$
		Type	Year to Date as of _____	Past Year	FLIGHT OR HAZARD	\$
					CLOTHING	\$
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?		BASE PAY	\$	\$	QUARTERS	\$
OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No		OVERTIME	\$	\$	PRO PAY	\$
BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No		COMMISSIONS	\$	\$	OVERSEAS OR	
		BONUS	\$	\$	COMBAT	\$
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)						
a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months			d. If seasonal employment, anticipated number of weeks in the next 12 months	

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	\$	\$	\$	\$
17. REASONS FOR LEAVING	18. POSITION HELD			

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE	20. TITLE OF EMPLOYER	21. DATE
Printed name and phone number		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes 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.

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RHS ,RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law,, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits,
16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

Non-Borrower Occupant Certification Form

This form is for a party on the original mortgage and/or a legal spouse committed to residing at your property who is not on the original note as a borrower, but whose income you are requesting be considered in the review for loss mitigation options.

Borrower Name (s): _____

Mortgage Account Number: _____

Property Address: _____

Information to be completed by the Non-Borrower Occupant(s):

Name:

First

Middle

Last

Suffix

Date of birth: _____ Social Security number: _____ - _____ - _____

By signing below, I agree to the following:

- I, along with the borrower, executed the original mortgage and/or I am the legal spouse of the borrower, verified by the **attached marriage certificate**.
- I reside at the borrower's principal residence, have done so since _____, and plan to continue to reside at the property for the remaining term of the loan.
- I request that my income be considered in the review for loss mitigation options.
- I contribute **100% of my income** to the household expenses and mortgage payments each month and will continue to do so for the remaining term of the loan.
- I direct ServiSolutions, a division of Alabama Housing Finance Authority, to obtain copies of my credit report to verify my occupancy and monthly obligations.
- I understand my consent for a credit bureau report shall expire upon completion of any loss mitigation program that the borrower completes.
- I have received _____ Home Affordable Modification(s) on one or more properties that I own(ed).
- **I understand by signing this form I am required to provide a front and back copy of my drivers license and all financial information requested of the borrower, and to execute a Trial Period Plan, Loan Modification Agreement and/or Partial Claim, if applicable, as my agreement to assume personal liability for the repayment of the full mortgage debt.**
- I understand information and documents submitted are subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

Signature of the Non-Borrower Occupant

Date

Signature of Borrower

Date