Loss Mitigation Application

In order to evaluate your application, you need to complete, sign, date, and return this Application. All available information must be supplied in order for the application to be considered complete. If your loan is in foreclosure, you must return any required documents and this completed application at least thirty-eight (38) calendar days prior to the scheduled sale date.

Upon receipt of your completed application, 21st may require additional information or documentation based on the particular program for which you may qualify. Please make sure to include updated contact information on your application so that we may communicate with you regarding the status of you application.

Once completed, please return this application t	to: 21 st Mortgage
	620 Market Street
	Knoxville, TN 37902
Requesting Party:(Print Name)	☐ Borrower ☐ Housing Counselor Loan number ☐ Attorney ☐ Renter from Borrower ☐ Other ☐
Section 1: Borrower Information:	
	Co-Borrower Name
Borrower Name	Home Number
Home Number	Cell Number
Cell Number	E-Mail
E-Mail	Employer
Employer	Pay Rate
Pay Rate	Hrs/Week
Hrs/Week	Gross Monthly Income
Gross Monthly Income	Employer Phone Number
Employer Phone Number	Employer Address
Employer Address	
Mailing Address:	
Property Address (if different):	
Section 2: Property Information	
The Property is:	
Occupied by Me (Us) as a Principal Residence	
A Second Home	
An Investment Property	
☐ Vacant	
Occupied by a Renter	

I want to: Keep the Property Sell the Proper	ty	
Are Taxes on the Property Current? Yes N	o If no, what is the amount past due?	
Are you in bankruptcy? Yes No	If yes, Chapter 7 or Chapter 13	? Case No
Is the property listed for sale? Yes No If	yes, Agent's Name/phone number	
For	Sale by Owner: Yes No	
Is t	he property listed online: Yes 1	No Listing website
Wh	nat is the current listing price?	
Are there other Liens/Mortgages or Judgments or If yes, provide the following information:	າ the Property? ☐ No ☐ Yes	
Party Holding Lien/Mortgage or Judgment	Amount Owed	Loan or Account Number
Section 3: Loan Information:		
If your loan with 21st Mortgage is a second mortga	age has your first mortgage ever recei	ved a modification or refinance?
<u> </u>	ation a HAMP Modification:	
If yes, how many HAMP modifications ha		
When was your modification or refinance comple		
when was your mounication of remainee comple		
Section 4: Basis for Loss Mitigation Re	equest:	
I am/we are making this request under the $21^{st}\mathrm{M}$ below (choose and explain all that apply) that hin Mitigation.		
☐ Household income has been reduced due to	the following:	
☐ Monthly debt payments (credit cards, auto a following:	nd other loans, etc.) have increased sin	ce obtaining this loan due to the
Expenses have increased (medical bills, healt	h care costs, utilities, etc.) due to the fo	ollowing:

Cash reserves, including all liquid assets, are insufficient to maintain the loan payments and cover basic living expenses due to the following:
I/we have had a significant life event (job loss, long-term disability, divorce, etc.) that will create a (short-term/long-term) financial hardship but I/we will be able to maintain monthly payments after the following estimated time period:
Other. Please Explain:
[Continue on the bottom of Page 3 if necessary]

Household Income a	nd Expenses
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-		s for all borrowers. You onsidered by 21st Mortg		•		child support, alimony or	separate main
Borrower Monthly	/ Income	House	Household Assets		Monthly Living Expenses		
Gross Wages	\$	_	Checking Account \$			Home Maintenance	\$
Overtime	\$	_	Checking Account \$			Groceries	\$
Child	\$	Savings		\$		Baby Needs	\$
Support/Alimony		Other Cash on ha	nd	\$		Gas for Vehicles	\$
SSI/ Disability	\$	Other Real Estate		\$		Auto Repair	\$
Pensions/retirement	\$	Other		\$		Tobacco	\$
Jnemployment	\$	Other		\$		Doctor Bills	\$
ood Stamps/Welfare	\$	Total Household	Assets:	<u> </u>		Dentist Bills	\$
Other	\$					Medications	\$
Other	\$	Monthly Househ	old Expe	enses	Due Date	Clothing Expenses	\$
Total Gross Income	I	First Mortgage	\$			Laundry Expenses	\$
		Second Mortgage	\$			School Costs	\$
Co- Borrower Montl	hly Income	Land	Land \$			Childcare/Daycare	\$
Gross Wages	\$	Insurance	\$			Entertainment	\$
Overtime	\$	Property Taxes	\$			Parking	\$
Child	\$	Alimony	Alimony \$			Work Lunch	\$
Support/Alimony		Child Support	\$			Charity	\$
SSI/ Disability	\$	Electric	\$			Pet Expenses	\$
Pensions/retirement	\$	Water	\$			Transportation	\$
Jnemployment	\$	Phone	\$			Cosmetics	\$
ood Stamps/Welfare	\$	Cable	\$			Newspaper	\$
Other	\$	Internet	\$			Barber	\$
Other	\$	Student Loans	\$			Other	\$
Total Gross Income		Car Payment	\$			Other	\$
		Term:				Other	\$
		Car Payment	\$			Other	\$
		Term:	۲			Total Expenses:	۲
		Credit Card	\$			i otai Expenses.	
		Credit Card	\$				
		Other:	\$				
		Other: TOTAL Expenses:	\$				

major medical expense, one-time expenses, etc.)				

Please list any other non-recurring expenses or income that you will obtain within the next 90 days (i.e. tax refund, settlement, garnishment,

Authorization

I/We hereby authorize 21st Mortgage Corporation to verify past and present employment and earnings, deposit and checking accounts, securities holdings and any other assets held by others, and furthermore authorize 21st Mortgage (or any party acting on behalf 21st Mortgage) to order credit reports and verify credit information directly with creditors. It is understood that a copy of this Authorization will serve as my/our authorization.

Borrower Signature (s) (Required in all ca	ses)	
(Borrower Signature)	(Date)	
(Co-Borrower Signature)	(Date)	
Requesting Party Signature (Required if R	equesting Party is no	t a Borrower)
	(Date)	-
Requesting Party's financial circumstances	under this Request. (r each request that 21st Mortgage give consideration to the n such case, Requesting Party to complete Request based or ss agree in writing to any offer of loss mitigation or loan