



LOSS MITIGATION APPLICATION

COMPLETE ALL PAGES OF THIS FORM

See Instructions corresponding with numbers in brackets {} on form

Loan Number: **{1}** _____

BORROWER {3}	CO-BORROWER {4}
Borrower's Name	Co-Borrower's Name
Social Security No. Date of Birth	Social Security No. Date of Birth
Home phone number. with area code	Home phone number with area code
Cell or work number with area code	Cell or work number with area code
Email Address: <input type="checkbox"/> Please check this box if you would like to receive loan modification status and missing document information via email.	Email Address: <input type="checkbox"/> Please check this box if you would like to receive loan modification status and missing document information via email.
{5} Mailing address:	
Property address (if same as mailing address, just check same) <input type="checkbox"/> same	
{6} 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	
The property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant	
{7} Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of offer: \$ _____ Agent's Name? _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	{8} Have you contacted a housing-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Counselor's Name: _____ Agency Name: _____ Counselor's Phone Number: _____ Counselor's E-mail: _____
{9} Who pays the real estate tax bill on your property: <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	{10} Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: _____ Insurance Co. Tel #: _____

See Instructions corresponding with numbers in brackets {} on form

{11} Bankruptcy			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____			
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number: _____			
{12} Additional Liens/Mortgages or Judgments on this property:			
Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number
{13} HARDSHIP AFFIDAVIT			
I am requesting review under your loss mitigation 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: unemployment, underemployment, 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"/> Other			

COMPLETE ALL PAGES OF THIS FORM

See Instructions corresponding with numbers in brackets {} on form

{14} Number of People in Household:

Income ¹		Assets		Expenses	
{15} Monthly Gross Wages	\$	{26} Checking Account(s)	\$	{37} First Mortgage Payment	\$
{16} Overtime	\$	{27} Checking Account(s)	\$	{38} Second Mortgage Payment	\$
{17} Child Support / Alimony / Separation ²	\$	{28} Savings/ Money Market	\$	{39} Insurance	\$
{18} Social Security / SSDI	\$	{29} CDs	\$	{40} Property Taxes	\$
{19} Other monthly income from pensions, annuities or retirement plans	\$	{30} Stocks / Bonds	\$	{41} Credit Cards / Installment Loan(s) (total minimum payment per month)	\$
{20} Tips, commissions, bonus and Self-Employed Income	\$	{31} Other Cash on Hand	\$	{42} Alimony, child support payments	\$
{21} Rental Income	\$	{32} Other Real Estate (estimated value)	\$	{43} Net Rental Expenses	\$
{22} Unemployment income	\$	{33} Other:	\$	{44} HOA/Condo Fees / Property Maintenance	\$
{23} Food Stamps / Welfare	\$	{34} Other:	\$	{45} Car Payments	\$
{24} Other	\$	{35} Other:	\$	{46} Food/Groceries	\$
				{47} Utilities (Water/Electricity/Gas/Trash)	\$
				{48} Other	\$
{25} Total (Gross Income)	\$	{36} Total Assets	\$	{49} Total Debt / Expenses	\$

ALL INCOME MUST BE DOCUMENTED

¹ Include combined monthly income and expenses from the borrower and co-borrower (if any).

² You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

LOSS MITIGATION APPLICATION

ACKNOWLEDGMENT AND AGREEMENT

In making this request for consideration under your loss mitigation program, I certify under penalty of perjury:

That all of the information in this document is truthful and the event(s) identified on page one is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.

I understand that the Servicer, _____, or its 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 the law.

I understand that the Servicer will pull a current credit report on all borrowers obligated on the Note.

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 loss mitigation agreement and may pursue foreclosure on my home.

That my Property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.

I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.

I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification 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.

I am willing to commit to housing counseling if it is determined that my financial hardship is related to excessive debt.

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 loss mitigation agreement to any third party that needs this information to process this application, including but not limited to: any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate liens (if applicable) mortgage loan(s); any companies that perform support services in conjunction with my mortgage; any HUD-certified housing counselor; and government regulators.

{50}

Borrower Signature

Date

Co-Borrower Signature

Date

Instructions for Completing the Loss Mitigation Application

The numbers for each item below correspond to the same numbers in the form above.

- {1} Your loan number on your mortgage loan statement.
- {2} Your loan "Servicer" is the financial institution that collects your monthly payment.
- {3} The borrower section must include information on the person whose name is on the "Note" for the mortgage loan.
- {4} The co-borrower is a second person on the Note for the mortgage loan. Do not fill out this section for someone who is not obligated on the Note for the mortgage loan.
- {5} Please provide a mailing address and a residential "Property" address if different. The Property address should correspond to the mortgage for which you are submitting a Loss Mitigation Application.
- {6} For this section you should choose one option for each question.
- {7} If your Property is not listed for sale, you do not need to fill out the rest of Section 7. Only include offers for sale that you received in the past year.
- {8} HUD-approved counselors are available free of charge and can be located on the HUD website at www.HUD.gov.
- {9} If your real estate taxes and property insurance are part of the monthly payment that you make to your servicer, select "lender does." "HOA" means Homeowner's Association.
- {10} If your hazard insurance premium is part of the monthly payment that you make to your servicer, select "lender does." "HOA" means Homeowner's Association.
- {11} The filing date indicates when you officially filed for bankruptcy. Only check the "yes" box for a discharged bankruptcy if you received a discharge from bankruptcy.
- {12} Additional liens include second (or third) mortgages and home equity lines of credit.
- {13} Please select as many hardships as apply to your situation. You can use the extra lines to explain your hardship.
- {14} Indicate the number of people in your household who contribute to the total income.
- {15} Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.
- {16} This amount should be listed on a current pay stub.
- {17} If you receive child support, alimony, or separation maintenance income, you are not required to report it.
- {18} SSDI means Social Security/Disability Income.
- {19} Only include if you are retired and collecting income from retired funds.
- {20} Self-Employed or commission borrowers (1099) must provide a copy of the most recently filed Federal tax return with all schedules and the most recent quarterly or year-to-date profit/loss statement. You must also provide a copy of three (3) months recent and consecutive business bank statements, or personal bank statements if no business account exists. If organized as a corporation or partnership, you must provide the most recently filed corporate or partnership returns with all schedules.
- {21} Only include rental income if used as part of your overall income. Include most recent tax return or current lease agreement or two cleared rent check copies.
- {22} Report any unemployment income.
- {23} Report the amount indicated on your benefits letter. A copy of your award letter must be provided.
- {24} Add all other income and report sum in this box.
- {25} Add all amounts in income column (boxes 15-24) and report sum.
- {26} - {28} Report amounts for all accounts, if applicable.
- {29} "CDs" means certificates of deposit.
- {30} - {31} Report amounts for all accounts, if applicable.
- {32} Include estimated value for all other properties owned.
- {33} - {35} Report any other assets other than the value of life insurance or retirement plans, such as 401K, pension funds, IRAs
- {36} Add all amounts in assets column (boxes 37-45) and report sum.
- {37} This amount can be found on your statement for your first mortgage.
- {38} If applicable, this amount can be found on the statement for your second mortgage or home equity lines of credit.
- {39} This refers only to homeowner's insurance and should be reported only if you pay this yourself.
- {40} Only report these taxes if you pay them yourself.
- {41} Add all credit cards and installment payments and report sum here.
- {42} If you are responsible for paying child support or alimony, you must report the amount here.
- {43} Report amount if your total rental income does not cover your total rental expenses.
- {44} "HOA" means Homeowner's Association.
- {45} Include car payments only if you are the owner of the vehicle.
- {46} Include all household food expenses.
- {47} Include all expenses for utilities (water, gas, electricity, trash).
- {48} Include any other pertinent household expenses.
- {49} Add all amounts in expense column (boxes 26-35) and report sum.
- {50} Please be sure to read the entire Loss Mitigation Application Acknowledgement and Agreement before signing.



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 #