PENNSYLVANIA HOUSING FINANCE AGENCY Loan Servicing Division <u>FINANCIAL STATEMENT</u>

You are asked to supply this financial information so that we may evaluate your situation and determine what, if any, options you have to resolve the mortgage delinquency and avoid foreclosure. The information you provide may be used to collect the debt. Complete this form fully and accurately and return it with the following required documents for each borrower. This financial statement must be complete and you must include the required documentation. If you return an incomplete package, we will not be able to process your request for assistance.

THESE DOCUMENTS MUST BE INCLUDED TO PROCESS REQUEST

Additional information may be required in order to complete your specific request Check documents included. Copies are OK.

Two current pay stub(s) showing at least one month's income for all household income, or employment letter stating salary, or hourly pay with hours per week, if self employed include a signed letter with your monthly bring home income
Last year's Federal Tax return all pages
Proof of unemployment, SSI, Disability, public assistance or other benefits or income (Awards Letter or Bank Statement showing direct deposit)
Year-to-Date Profit and Loss Statement and last year's Federal Tax return (if self employed)
Current two monthly bank statement for all assets that you own and documentation to support all assets. All pages of bank statements
Listing Agreement if your home is currently listed for sale (and Sales Contract if sold)
Signed Hardship letter from each borrower explaining your financial situation

PLEASE CALL 1-800-822-7375 IF YOU NEED ASSISTANCE COMPLETING THIS FORM

FAX COMPLETED, SIGNED, AND DATED FORM AND ATTACHMENTS TO: (717) 780-3804 OR

MAIL TO: PHFA, 211 NORTH FRONT STREET + POST OFFICE BOX 15057+ HARRISBURG, PA 17105-5057

1	BORROWER I	NFORM	BORROWER INFORMATION						
	Borrower Name:		Age:	Sex:					
	PHFA mortgage loan #:								
	Property Address (include city, state & zip code):								
	Address (if different from property address):								
	Home Phone Number:								
	Work Phone Number								
	Current employer:	Positio	n:						
	Take-home income per pay period:	How of	ten are you paid?						
	Co-Borrower Name:	Age:		Sex:					
	Current employer:	Positio	n:						
	Take- home income per pay period:	How of	ten are you paid?						

II	HOUSEHOLD COMPOSITION & MONTHLY INCOME						
	List every person/child who lives at the proper	ty address and provide all req	uested information about each				
	Name:	Age:	Sex:				
	Current employer:	Relationship to	borrower:				
	Address of current employer:						
	Start date with current employer:	Position:					
	Take-home income per pay period:	How often are	you paid?				

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Name:	Age:	Sex:	
Current employer:	Relationship to	o borrower:	
Address of current employer:			
Start date with current employer:	Position:		
Take home income per pay period:	How often are	you paid?	
Name:	Age:	Sex:	
Current employer:	Relationship to	o borrower:	
Address of current employer:			
Start date with current employer:	Position:		
Take home income per pay period:	How often are	you paid?	
Name:	Age:	Sex	
Current employer:	Relationship to	o borrower:	
Address of current employer:			
Start date with current employer:	Position:		
Take home income per pay period:	How often are	you paid?	

III	OTHER SOURCES OF	NCOME-PROVIDE	PROOF FOR EACH SOURCE
	Source of Income	Circle One	Enter <i>monthly</i> amount of income
	Child support-provide proof	Yes / No	Monthly amount: \$
	Disability-provide proof	Yes / No	Monthly amount: \$
	Public assistance-provide proof	Yes / No	Monthly amount: \$
	Pension-provide proof	Yes / No	Monthly amount: \$
	Social security-provide proof	Yes / No	Monthly amount: \$
	Supplemental security income- provide proof	Yes / No	Monthly amount: \$
	Unemployment-provide proof	Yes / No	Monthly amount: \$
	Workman's comp. benefits- provide proof	Yes / No	Monthly amount: \$
	Food stamps-provide proof	Yes / No	Monthly amount: \$
	Source of Income	Circle One	Enter monthly amount of income
	Do you collect rent for any part of this house? Need signed letter from renter with amount they are paying each month or rental agreement	Yes / No	Monthly amount: \$
	Do you expect to receive future income? insurance claims disability claims lawsuits alimony child support rent-need signed letter from renter with amount they are paying each month or rental agreement other	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No	Monthly amount: \$ Monthly amount: \$ Monthly amount: \$ Monthly amount: \$ Monthly amount: \$ Monthly amount: \$ Monthly amount: \$
	Have you filed for bankruptcy?	Yes / No	Date filed:

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OTHER SOURCES OF INCOME (Continued)

IV	ASSETS					
	Asset Account	Balance				
	Checking account	\$				
	Savings account	\$				
	Cash or Money Orders	\$				
	Savings bonds	\$				
	Life insurance (cash value)	\$				
	401(K) account	\$				
	Real Estate you OWN OTHER THAN THIS PROPERTY:					
	Description of property					
	Purchase price	\$				
	Monthly mortgage payment	\$				
	Monthly rental income, if any-need signed letter from renter with	\$				
	amount they are paying each month or copy of rental agreement					

V	MONTHLY EXPENSES						
			deducted from your pay check.				
	Expenses	Monthly	Remarks (if any)				
		Payment	Write down if you are on a budget				
		*	repayment plan				
	Automobile insurance	\$					
	Automobile maintenance						
	• gasoline, oil change, repairs	\$					
	Public transportation	\$					
	Electricity	\$					
	Gas,	\$					
	Oil	\$					
	Water	\$					
	Sewer	\$					
	Trash removal	\$					
	Telephone	\$					
	Cellular telephone	\$					
	Internet Fees	\$					
	Cable television	\$					
	Medical/dental						
	(expenses not paid by insurance)	\$					
	Personal insurance						
	(premiums for life, medical, dental)	\$					
	Education, tuition, books	\$					
	Day care	\$					
	Alimony –not taken out of pay	\$					
	Child support-not taken out of pay	\$					
	Groceries	\$					
	Lunches	\$					

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Clothing-yearly amount divided by 12	\$
House repairs-yearly amount divided by 12	\$
Church tithes	\$
Tobacco	\$
Gym, Kids activities, hair, nails, sports etc	\$
Toiletries	\$
Eating out/restaurants	\$
Holiday/Gift spending-yearly amount divided by 12	\$

MONTHLY EXPENSES (Continued) Include loan payments or other expenses deducted from your pay check.							
Mortgage(s), Automobile Loan(s), Installment Loan(s), Credit Card payment(s), Other:							
To whom paid	Purpose	Present Balance	<i>Monthly</i> Payment	Date Opened	Date of Last Payment	No. of Payments Past Due	
-		\$	\$	-			
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				

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

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Circumstances: Briefly explain in your ov (***Please include a detailed hardship le payments. All borrowers must sign***)					
Reasonable Prospects: Explain how you future. Attach additional pages if necessary		the full mo	onthly mortgage pay	yments in the	
Are you interested in any the followi	ng options?	Circle Yes	or No for each.		
Having your mortgage assumed- (your name removed and adding another person, account must be current for one full year)	Yes / N	10			
Refinancing- Account needs to be current	Yes / N	No			
Selling property or Pre-foreclosure Sale		No I			
Deed-in-lieu of foreclosure (If yes, comple property has to be vacant in order to conve	,	`	pproval, the	Yes / No	0
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VII	INFORMATION REQUIRED FOR DEED-IN-LIEU OF FORECLOSURE (DIL) Only complete this section if you are interested in a DIL	
	Explain in your own words why you believe a DIL is a beneficial alternative to foreclosure for disposing of your property. Attach additional pages if necessary.	
	Describe in your own words the general physical condition in which the property will be deeded to the Department of Housing and Urban Development. Attach additional pages if necessary.	
	List the keys, built-in fixtures and equipment that will remain in the property and be delivered by PHFA to the Department of Housing and Urban Development. Attach additional pages if necessary.	

VIII	ADDITIONAL INFORMATION	
	Credit Counseling: Please note; if you have an FHA insured mortgage and have not received consumer credit counseling you should contact a HUD approved credit counseling agency for assistance. To contact one of these	
	agencies in your area dial 1-800-569-4287. Processing Time Frame: All packages are reviewed in the order in which they are received. The average review period for a new package is 30 days, but could take longer. Please be advised that once the complete financial package has been received that collection and foreclosure will not continue until after the package is reviewed.	
	If your loan is in foreclosure, and/or has a foreclosure sale set: If foreclosure actions have begun, this package is not a promise to cancel or postpone the foreclosure sale. A complete financial package must be received at least 5 business days before your foreclosure sale to be considered for a workout.	

IXACKNOWLEDGEMENT AND AUTHORIZATIONI certify that the financial information stated above is true; and is an accurate account of my
financial condition. I grant Pennsylvania Housing Finance Agency (PHFA) the authority to
confirm the information I have disclosed in this financial statement and to verify that it is accurate.
I acknowledge that PHFA is under no obligation to agree to an alternative to foreclosure, the
decision will be based on my financial information, credit report, and payment history, and ability
to meet Investor /Insurer Loss Mitigation requirements. I agree that discussions and negotiations
of a possible Workable Solution do not constitute a waiver of or defense to PHFA's right to
commence or continue any foreclosure or other collection action.

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Borrower Signature	Date

Borrower Signature

Date

BOTH BORROWERS MUST SIGN AND DATE THE FORM

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