

FINANCIAL ANALYSIS FOR HOMEOWNER HELP

If you are having difficulty making your mortgage payment, please complete this financial analysis form and fax it to **1-866-709-4744**. If you do not have access to a fax machine, you may mail the completed form to:

Loss Mitigation
2711 North Haskell Avenue
Dallas, TX 75204

We will use this information to work with you on a solution that keeps you in your home. If you have any questions, please call **1-866-899-5308**.

INSTRUCTIONS:

Please complete the financial analysis form as completely and accurately as possible. Fax your completed form, beginning with the "Fax Cover Sheet" provided, to:

1-866-709-4744

Please include the following documents with your completed form:

1. Signed letter explaining the cause of default or imminent default including:
 - When did the hardship begin?
 - Has it been resolved? If not, when do you think it will be resolved?
 - Have any actions been taken to resolve the situation? (Example: have you contacted a credit counselor or cut optional household expenses such as cable, etc?)

* PLEASE DO NOT SEND US MEDICAL INFORMATION. As required by law, we are prohibited from obtaining or using medical information (e.g. diagnosis, treatment, or prognosis) in connection with your eligibility, or continued eligibility, for credit. We will not use it when evaluating your request, and it will not be retained.
2. Copy of two recent pay stubs for each borrower, OR if self-employed, a current income statement, balance sheet, statement of owner's equity, and a 6-month profit and loss statement.

If you are selling your home, please also include the following:

3. Copy of listing agreement
4. Copy of the sales contract, if available
5. Copy of the estimated settlement statement (HUD-1), if available
6. Signed "Third Party Authorization" form (see final page of this document) if you want us to speak to your Real Estate Agent

FAX COVER SHEET

Subject: Financial Analysis for Homeowner Help

To: Loss Mitigation

Fax: 1-866-709-4744

The following documentation is included (please check all that apply):

- Financial Analysis Form
- Signed letter explaining the cause of default or imminent default
- Copy of two recent pay stubs for each borrower**, OR if self-employed, a current income statement, balance sheet, statement of owner's equity, and a 6-month profit and loss statement.
- Copy of listing agreement
- Copy of the sales contract, if available
- Copy of the estimated settlement statement (HUD-1), if available
- Signed "Third Party Authorization" form (see final page of this document) if you want us to speak to your Real Estate Agent

FINANCIAL ANALYSIS FORM

Loan Number

Borrower:			
<hr/> Name	<hr/> Home Phone	<hr/> Work Phone	<hr/> Best Number / Time to Call
Co-Borrower:			
<hr/> Name	<hr/> Home Phone	<hr/> Work Phone	<hr/> Best Number / Time to Call
Property Address:			
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip
Current Address (If different from mailing address. Do not use Post Office Box.):			
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip
<p>Total number of individuals in your household:</p> <p>How much money is currently available towards a workout?</p> <p>Is your home listed for sale? If yes, what is the list price?</p> <p>What is your agent's name and telephone number?</p> <p>Is the property occupied?</p>			

EMPLOYMENT HISTORY

	Borrower	Co-Borrower
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long?		
Present employer:		
If self-employed, name of company:		

MONTHLY INCOME

Description	Borrower	Co-Borrower	Total
Net Salary / Wages	\$	\$	\$
Unemployment Income	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Disability Income	\$	\$	\$
Rental Income	\$	\$	\$

ASSETS / LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

EXPENSES

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINAL INSTRUCTIONS:

1. Review the Financial Analysis Form to make sure it is correct.
2. Please sign and date this form.

I understand and realize that the financial information being provided will be used by the lender and/or the insurer of the Mortgage to analyze my options with respect to the Mortgage. I further understand and acknowledge that any action taken by the lender and/or the insurer of my Mortgage on my behalf will be made in strict reliance on the financial information I provided herein. I understand signing this Financial Analysis form authorizes the lender to obtain a credit report.

By signing below, we certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

Signature of Borrower

Date

Signature of Borrower

Date

Third Party Authorization and Agreement to Release

THIS FORM IS REQUIRED IF YOU WANT US TO SPEAK TO ANYONE OTHER THAN YOURSELF REGARDING YOUR ACCOUNT. THIS INCLUDES SPOUSES NOT ON THE MORTGAGE NOTE, REAL ESTATE AGENTS, COUNSELING AGENCIES, FAMILY MEMBERS OR FRIENDS HELPING YOU APPLY FOR A WORKOUT.

Loan Number: _____

Name(s): _____

Property Address: _____

For the purpose of assisting in pursuing and negotiating a loss mitigation alternative, I do hereby authorize

_____ (my lender/mortgage servicer) to release or otherwise provide to

_____ of _____ in his/her capacity as
Name Company (if applicable)

_____ *Relationship (if applicable)* _____ *Phone Number*

public and non-public personal financial information contained in my loan account which may include, but is not limited to: loan balances, final payoff statement, loan status, payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign and date below and include it with your completed Financial form.

NOTE: No information concerning your account can or will be provided until we have received this executed document. All parties on the Mortgage must sign.

Printed Customer Name

Customer Signature

Date

Printed Customer Name

Customer Signature

Date