

Mortgage Assistance Application

To avoid delays, please make sure **all** pages are complete, accurate and signed or initialed where indicated. Submit the complete application, along with the required documentation, to:

For Fastest Processing	Regular Mail	Online
Email: RMA@mortgagefamily.com Fax: 856-917-2848	PHH Mortgage Services Attn: Mortgage Assistance 1661 Worthington Road, Suite 100 West Palm Beach, FL 33409	www.loansolutioncenter.com

We will contact the accountholder(s) within five business days to acknowledge receipt and advise if additional information or documentation is required. We will use the information provided to help us identify the assistance the accountholder(s) may be eligible to receive. If help is required to complete this application, please contact us toll-free at 800-750-2518, we are available 8:00am to 9:00pm ET Monday through Friday.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at 800.569.4287 or www.hud.gov/
- The Consumer Financial Protection Bureau (CFPB) at 855.411.2372 or www.consumerfinance.gov/mortgagehelp

If assistance is needed with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist. These services are provided without charge.

Please be aware: if the accountholder(s) is/are requesting a liquidation option only (such as Short Sale or Deed-in-Lieu), per federal guidelines the account must be reviewed for a home retention option first if the account has not previously been reviewed for a home retention option during the current delinquency cycle. Limited exceptions may apply.

Accountholder(s) Information

Accountholder's name: _____

Social Security Number (last 4 digits): _____

Email address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Co-accountholder's name: _____

Social Security Number (last 4 digits): _____

Email address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Preferred contact method (choose all that apply): Cell phone Home phone Work phone Email

** By providing a mobile phone number(s), accountholder(s) is/are giving PHH Mortgage services permission to contact this number about all accounts. The accountholder(s) consent to the use of artificial/pre-recorded voice messages and automatic dialing technology regarding information pertaining to the accounts, including, but not limited to, this request for mortgage assistance. We may be contacted at any time to change this consent.*

If this account is approved for a permanent final modification, do(es) the Accountholder(s) prefer to receive the final modification documents via E-Sign (subject to the county allowing electronically signed modification)? Yes No

If "yes" is selected, we will update our system and send an email requesting electronic consent to receiving the final modification documents via E-Sign. If we do not receive a response to our email consent request, then the final modification documents will be sent via regular mail.

Is either accountholder(s) on active duty with the military (including the National Guard and Reserves), the dependent of an accountholder(s) on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: Primary residence Second home Investment property
- The property is: Owner occupied Renter occupied Vacant
- Accountholder(s) want(s) to: Keep the property Sell the property Transfer ownership of the property to the servicer Undecided

Is the property listed for sale? Yes No – If yes, provide the listing agent’s name and phone number, or indicate “for sale by owner” if applicable: _____

Accountholder(s) intention:

Would the accountholder(s) like to reinstate the account? This requires paying all the past due payments now with one payment. Yes No

Would the accountholder(s) like to enter into a repayment plan? This requires all past due payments to be spread up to 6 months with a portion going to the regular monthly payment. Yes No

If the accountholder(s) is able to continue making the full monthly contractual payments including the amount required to repay any escrow shortage amount over at term of 60 months? Yes No

(If the answer to above question is ‘Yes’, we may be able to defer past due payments to end of the loan, if allowed by the investor of the loan)

Hardship Information:

Please be aware that hardship and income documentation requirements may differ depending on the owner/insurer of your loan. The information requested herein represents the maximum amount of information necessary to complete a mortgage assistance package. If you would like to discuss the requirements for the review, please contact PHH Mortgage Services at 800-750-2518.

The hardship causing mortgage challenges began on approximately (date) _____ and is believed to be:

- Short-term (up to 6 months) Long-term or permanent (greater than 6 months) Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment <ul style="list-style-type: none"> <input type="checkbox"/> Unemployed and receiving benefits <ul style="list-style-type: none"> <input type="checkbox"/> Start and End Dates of Unemployment Benefits ____/____/____ to ____/____/____ <input type="checkbox"/> Unemployed and not receiving benefits 	<input type="checkbox"/> Third party documentation, including receipts of unemployment benefits OR <input type="checkbox"/> A self-attested Affidavit, stating the start date of unemployment and stating that the homeowner is actively seeking, and is available, for employment <input type="checkbox"/> Not Required
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in income due to circumstances outside accountholder(s)’s control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> Pay stubs dated within 90 days that show at least 30 days of year-to-date income OR <input type="checkbox"/> Two most recent bank statements showing income deposit amounts dated within the last 90 days <input type="checkbox"/> Most recently filed Federal Tax Returns <input type="checkbox"/> Not Required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in housing expenses due to circumstances outside accountholder(s)’s control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<input type="checkbox"/> Not required <input type="checkbox"/> Please complete the Pre-Hardship and Post Hardship expenses section below
<input type="checkbox"/> Disaster (natural) or pandemic impacting the property or accountholder(s)'s place of employment <input type="checkbox"/> COVID-19	<input type="checkbox"/> Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of an accountholder/co-accountholder or dependent family member	<input type="checkbox"/> Written statement from the accountholder(s), or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<input type="checkbox"/> Final divorce decree or final separation agreement OR <input type="checkbox"/> Recorded quitclaim deed

<input type="checkbox"/> Separation of accountholder(s) unrelated by marriage, civil union, or similar domestic partnership under applicable law	<input type="checkbox"/> Recorded quitclaim deed OR <input type="checkbox"/> Legally binding agreement evidencing the non- occupying accountholder or co-accountholder has relinquished all rights to the property
<input type="checkbox"/> Death of accountholder(s) or death of either the primary or secondary wage earner	<input type="checkbox"/> Death certificate OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<input type="checkbox"/> For active-duty service members: Permanent Change of Station (PCS) orders or letter showing transfer <input type="checkbox"/> For employment transfers/new employment: Pay stubs dated within 90 days which show at least 30 days of year-to-date income from new employer OR Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND <input type="checkbox"/> Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – Any hardship not covered above:	<input type="checkbox"/> Provide a written explanation describing the details of the hardship and any relevant documentation. <i>(Continue on separate sheet of paper, if needed.)</i>

Accountholder(s) Income

Please enter accountholder(s) income amounts in middle columns.

INCOME TYPE	Accountholder	Co-accountholder	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	\$	<input type="checkbox"/> Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR <input type="checkbox"/> Two most recent monthly bank statements showing income deposit amounts
Hire date	___/___/___	___/___/___	
Pay frequency			<input type="checkbox"/> Indicate frequency of pay – (Weekly, Every 2 weeks, Monthly or Twice a month)
Self-employment income	\$	\$	<input type="checkbox"/> Two most recent monthly bank statements showing self-employed income deposit amounts OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit/loss statement OR <input type="checkbox"/> Most recent complete and signed business tax return OR <input type="checkbox"/> Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	\$	<input type="checkbox"/> Award letter showing the amount, frequency and duration of benefits
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	\$	<input type="checkbox"/> Two most recent monthly bank statements showing deposit amounts OR <input type="checkbox"/> Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	\$	<input type="checkbox"/> Two most recent monthly bank statements showing deposit amounts OR <input type="checkbox"/> Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	\$	<input type="checkbox"/> Two most recent monthly bank statements demonstrating receipt of rent OR <input type="checkbox"/> Two most recent deposited rent checks
Investment or insurance income	\$	\$	<input type="checkbox"/> Two most recent investment statements OR <input type="checkbox"/> Two most recent monthly bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan.)	\$	\$	<input type="checkbox"/> Two most recent monthly bank statements showing receipt of income OR <input type="checkbox"/> Other documentation showing the amount and frequency of the income

Current Accountholder(s)'s Assets:

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan

Combined Assets (Round all figures to the nearest dollar)	Monthly Expenses (Round all figures to the nearest dollar)			
		Pre-Hardship	Post Hardship	
Checking account(s) and cash on hand	\$	Credit Cards/Installment Debt	\$	\$
Total \$ in Savings Account(s)	\$	Child Support/ Alimony / Dependent Care	\$	\$
Money Market, Stocks, Bonds and CDs Value / Amount	\$	Car and Auto/ Food/ Household/ Utilities/ Water/ Sewer/ Phone Expenses	\$	\$
Estimated Value of Real Estate Owned	\$	Homeowner Association Fees (HOA)	\$	\$
Other Cash on Hand	\$	Other Loans (excluding Mortgage)	\$	\$
Other	\$	Other	\$	\$
Assets TOTAL	\$_____.00	Expenses TOTAL	\$_____.00	\$_____.00

Non-Accountholder(s) Authorization

IMPORTANT: PHH Mortgage Services cannot consider non-accountholder income UNLESS this Authorization Form is completed.

A **non-accountholder** is defined as someone who may live at the accountholder's primary residence but is not on the original mortgage loan/note (and may or may not be on the original security instrument), but whose income is used to support the mortgage payment or monthly expenses.

Note: Without these authorizations, non-accountholder income cannot be considered and may delay our processing of the application.

Non-Accountholder 1	Non-Accountholder 2
Non-Accountholder 1 Name: _____ Amount contributing toward the mortgage payment: _____	Non-Accountholder 2 Name: _____ Amount contributing toward the mortgage payment: _____
I confirm that I contribute toward the mortgage installments and consent to the use of my contribution for the calculation of monthly income. I will also provide any supporting documentation showing my monthly income as referenced above. I authorize and give permission to the Servicer and their respective agents, to assemble and use a current consumer report, if necessary, as part of this assistance review. I understand that you may collect and record personal information that I submit, including, but not limited to, my name, address and income information. I understand and consent to the disclosure of my personal information to third parties, including, but not limited to, the Servicer and their respective agents, successors and assigns, any investor, insurer, guarantor, state HFA or any HUD-certified housing counselor.	
_____ Non-Accountholder 1 Signature	_____ Non-Accountholder 2 Signature
_____ / ____ / ____ Date (MM/DD/YY)	_____ / ____ / ____ Date (MM/DD/YY)

Accountholder(s) Certification and Agreement

1. It is certified and acknowledged that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to the need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law. If fraud or misrepresentation of facts is determined, the Servicer may cancel any mortgage assistance offer granted and may pursue foreclosure on the subject property and/or pursue any available legal remedies allowable under federal and state law.
2. If the account was discharged in a Chapter 7 bankruptcy proceeding, or currently entitled to protections or any automatic stay in bankruptcy, the Servicer is providing this application and information about mortgage assistance options at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
3. The accuracy of the accountholder(s) statements may be reviewed by the servicer or an authorized third party*, and the accountholder(s) may be required to provide additional supporting documentation. The accountholder(s) agree to provide the servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
4. It is acknowledged and agreed that the servicer is not obligated to offer assistance based solely on the representations in this document or other documentation submitted in connection with the mortgage assistance request. If a mortgage assistance option is offered, and that option requires an escrow account for payment of taxes and insurance, and the account currently does not have one, it is agreed that the servicer may establish an escrow account.
5. The accountholder(s) consent to the servicer or authorized third party* obtaining a current credit report for the accountholder(s).
6. The accountholder(s) consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal and non-personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include but is not limited to: (a) my name, address, telephone number; (b) my Social Security Number; (c) my credit score; (d) my income; and (e) my payment history and information about the account balances and activity and (f) my tax return and the information contained therein. I/We hereby authorize the servicer to release, furnish, and provide information related to my/our account to:

_____ / _____ / _____
Housing Counseling Agency / Other Third Party

_____ / _____ / _____
Third Party Name & Phone Number

_____ / _____ / _____
Third Party Email Address

7. The accountholder(s) agree that the terms of this accountholder certification and agreement will apply to any modification Trial Period Plan, repayment plan, or Forbearance Plan that I may be offered based on this application. If an offer is received for a modification Trial Period Plan or repayment plan, it is agreed that the first timely payment under the plan will serve as acceptance of the plan.
8. A condemnation notice has not been issued for the property.
9. As a condition of completing a Short Sale transaction, all parties will be required to sign an Arm's Length Affidavit as a part of the Short Sale approval. An arm's length transaction is defined as, but not limited to, the sale of the mortgaged premises between parties who are unrelated and unaffiliated by family, marriage or commercial enterprise.
10. Accountholder(s) understands and agrees that, if permitted by investor/program guidelines and allowable under state and federal law, a fee may be assessed to the account in connection with a property valuation.
11. The accountholder(s) consent to being contacted concerning this application for mortgage assistance or any other loan-related matter at any telephone number, including mobile telephone numbers or email addresses, I have provided to the lender, servicer or authorized third party.*
12. Accountholder(s) agrees that the parties listed in number 6 above can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) managing, servicing and insuring, a loan; or (iii) as otherwise permitted by applicable laws, including state/ federal privacy and data security laws. The parties include those listed in number 6 above.

*An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

BY SIGNING BELOW, I/WE CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUTHFUL.

I/WE UNDERSTAND AND AGREE WITH THE TERMS OF THIS CERTIFICATION AND AGREEMENT.

_____ / ____ / ____
Accountholder Signature

_____ / ____ / ____
Date (MM/DD/YY)

_____ / ____ / ____
Co-Accountholder Signature

_____ / ____ / ____
Date (MM/DD/YY)

