Account Number: _____

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
Portal: https://account.mortgagequestions.com/phhm/#/login **Email:** RMA@mortgagefamily.com **Fax:** 856-917-2848	Onity Mortgage Corporation Attn: Mortgage Assistance 1661 Worthington Road, Suite 100 West Palm Beach, FL 33409

If the Customer(s) require credit, legal, or employment assistance to resolve temporary financial problems they can receive housing counseling such as HUD housing counseling.

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
- 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 customer(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.

Customer(s) Information

Customer'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-customer'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), customer(s) is/are giving Onity Mortgage Corporation permission to contact this number about all accounts. The customer(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, would the customer(s) like to receive the final modification documents through E-Sign, where electronic signatures are permitted by the county?***

☐ **Yes** ☐ **No**

If "yes" is selected, please scan the QR code and complete the brief webform. Once the form is submitted, we will update our records.

Account Number: _____

Is either customer(s) on active duty with the military (including the National Guard and Reserves), the dependent of an customer(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

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: _____

For an FHA loan, it is a true statement that I don't own any other FHA-insured properties: ☐ Yes ☐ No

Hardship Information:

If the customer(s) are current or less than 30 days delinquent, please fill out the below hardship affidavit.

I am/We are experiencing a reduction of income or the following hardship(s) that will prevent me/us from making the next required Mortgage Payment due on _____or during the month that it is due.

Hardship Reason:

_____

By signing this RMA, I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties *(18. U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802)*.

For Customer's who are 30 days or more delinquent, by signing this Mortgage Assistance Application you attest the Default is due to a Financial Hardship.

Customer(s) intention:

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

Does the customer(s) have a resolved hardship and are able to continue making the full monthly contractual payments, if applicable 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)

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
☐ Unemployment	Not Required
☐ Reduction in income: a hardship that has caused a decrease in income due to circumstances outside customer(s)'s control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	Not Required
☐ Increase in housing-related expenses: a hardship that has caused an increase in housing expenses due to circumstances outside customer(s)'s control (e.g., uninsured losses, increased property taxes, HOA special assessment)	Not required
☐ Disaster (natural) or man-made impacting the property or customer(s)'s place of employment ☐ COVID-19	Not required
☐ Long-term or permanent disability, or serious illness of an customer/co-customer or dependent family member	☐ Written statement from the customer(s), or other documentation verifying disability or illness **Note:** Detailed medical information is not required, and information from a medical provider is not required

☐ Divorce or legal separation	☐ Final divorce decree or final separation agreement **OR** ☐ Recorded quitclaim deed
☐ Separation of customer(s) unrelated by marriage, civil union, or similar domestic partnership under applicable law	☐ Recorded quitclaim deed **OR** ☐ Legally binding agreement evidencing the non- occupying customer or co-customer has relinquished all rights to the property
☐ Death of customer(s) or death of either the primary or secondary wage earner	☐ Death certificate **OR** ☐ Obituary or newspaper article reporting the death
☐ Distant employment transfer/relocation	☐ **For active-duty service members:** Permanent Change of Station (PCS) orders or letter showing transfer ☐ **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** ☐ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
☐ Other – Any hardship not covered above:	☐ Provide a written explanation describing the details of the hardship and any relevant documentation. *(Continue on separate sheet of paper, if needed.)*

Account Number: _____

Customer(s) Income: Please enter customer(s) income amounts in middle columns.

INCOME TYPE	Customer	Co-customer	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	$	$	☐ Most recent pay stub and documentation of year-to-date earnings if not on pay stub **OR** ☐ Two most recent monthly bank statements showing income deposit amounts
Hire date	__/__/____	__/__/____	
Pay frequency			☐ Indicate frequency of pay – (Weekly, Every 2 weeks, Monthly or Twice a month)
Self-employment income	$	$	☐ Two most recent monthly bank statements showing self-employed income deposit amounts **OR** ☐ Most recent complete and signed business tax return **OR** ☐ Most recent complete and signed individual federal income tax return **OR** ☐ Most recent signed and dated quarterly or year-to-date profit/loss statement along with either of the above documents.
Unemployment benefit income	$	$	☐ 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	$	$	☐ Two most recent monthly bank statements showing deposit amounts **OR** ☐ Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	$	$	☐ Two most recent monthly bank statements showing deposit amounts **OR** ☐ Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	$	$	☐ Two most recent monthly bank statements demonstrating receipt of rent **OR** ☐ Two most recent deposited rent checks
Investment or insurance income	$	$	☐ Two most recent investment statements **OR** ☐ 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.)	$	$	☐ Two most recent monthly bank statements showing receipt of income **OR** ☐ Other documentation showing the amount and frequency of the income

Current Customer(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)*		**Detailed budget of increased living expenses (Both Pre and Post Hardship Expenses must be provided)**		
			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

Account Number: _____

Non-Accountholder(s) Authorization

IMPORTANT: Onity Mortgage Corporation cannot consider non-customer income UNLESS this Authorization Form is completed.

A **non-accountholder** is defined as someone who may live at the customer'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's income cannot be considered and may delay our processing of the application.

Non-Customer 1	Non-Customer 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** _____/__/_____ **Date** (MM/DD/YY) _____ **Non-Accountholder 2 Signature** _____/__/_____ **Date** (MM/DD/YY)

Customer(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. The customer(s) consent to the servicer or authorized third party* obtaining a current credit report for the customer(s).
3. The customer(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 those listed below. Please only list third parties below that are not already authorized on the account:

Housing Counseling Agency / Other Third Party	**Third Party Name & Phone Number**	**Third Party Email Address**

4. A condemnation notice has not been issued for the property.
5. 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.
6. Customer(s) understands and agrees that, if permitted by investor/program guidelines and allowable under state and federal law, the cost to obtain a property valuation may be assessed to the account.
7. The customer(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. *
8. Customer(s) agrees that the parties listed in number 4 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 4 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.

9. **For USDA Borrowers applying for a Pre-Foreclosure Sale**- By signing and returning the application with the required financial information, you acknowledge you received housing counseling information in this application and agree to:
   - List the property with a licensed real estate broker unrelated to the borrower that contains a specific cancellation clause in the event the terms of the sale are not acceptable.
   - Make a good faith effort to aggressively market the property.
   - Perform all normal property maintenance and repairs until closing of the pre-foreclosure sale.

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.

_____ **Customer Signature** _____/__/_____ **Date** (MM/DD/YY) _____ **Co-Customer Signature** _____/__/_____ **Date** (MM/DD/YY)