

LOSS MITIGATION



Requesting Review of a Workout Plan

TO	LOAN NUMBER
FROM	PROPERTY ADDRESS

I am (we are) the borrower(s) on the loan identified above. I (We) acknowledge that if the loan is currently in default or goes into default in the future you have the right to pursue collection action, including foreclosure.

I (We) are requesting that you review a workout of the loan.

I (We) consent to discussions and negotiations with you and authorize you to obtain any necessary credit reports, appraisals and other financial information to complete your review of this request.

I (We) understand that your review of this request for a workout does not mean that a workout will be approved or that you have agreed to a workout of any kind.

As part of this request I (we) attach the following materials:

1. A Letter of Hardship stating the reasons I am (we are) unable to maintain the loan obligation, along with any supporting evidence, if applicable.
2. A copy of my (our) most recent signed Federal Income Tax return, including all schedules and W-2 Form(s).
3. A copy of my (our) most recent savings and/or checking account statement(s).
4. A completed financial statement (form enclosed).
5. A copy of my (our) most recent pay stub(s), if employed.
6. If the property identified above is listed for sale, I (we) include a copy of the Listing Agreement, providing the name, address and telephone number of the listing agent and a copy of the Agreement of Sale, if applicable.

Please gather the following information: reason for financial hardship, monthly income and expenses for all borrowers, and call us at 877-747-2328, email us at DCCLM@loanadministration.com or fax your request to "Loss Mitigation" at 609-718-2655. You may reach us by mail at Attn: Loss Mitigation, 425 Phillips Blvd., Ewing, NJ 08618.

BORROWER NAME	BORROWER SIGNATURE	DATE
CO-BORROWER NAME	CO-BORROWER SIGNATURE	DATE

Financial Information Statement and Disclosure Borrower Release and Authorization to Request Loss Mitigation Assistance

In order for us to assist you, we need to understand your individual circumstances and evaluate your situation to customize a solution that best meets your needs.

Instructions for completion of this form:

1. Review the financial information statement details regarding income, assets and monthly expenses for accuracy.
2. Provide complete responses to those questions concerning the nature of your circumstances.
3. Include a copy of your last two pay stubs for each borrower or any other proof of additional income, bank statements of your checking and/or savings account.
4. If self-employed, include a current income statement, balance sheet, statement of owner's equity, and a six months profit and loss statement, along with your most recent Federal Tax returns.
5. In addition to this financial statement and its attachments, there may be times when additional information is required to review the situation through ordering credit reports, verifying bank accounts in this disclosure, obtaining any, and other information necessary to analyze properly this request. If there is a cost associated with obtaining this information, we agree to reimburse the servicer for any customary fees/costs, if applicable.

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Information About Your Loan, Your Mortgage, and How to Contact You			
LOAN NUMBER			
PROPERTY ADDRESS		CITY	STATE ZIP
BORROWER NAME		LAST FOUR DIGITS ON SSN	
MAILING ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
WHEN IS THE BEST TIME TO REACH YOU?			
CO-BORROWER NAME		LAST FOUR DIGITS ON SSN	
MAILING ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
WHEN IS THE BEST TIME TO REACH YOU?			
NAME OF ORIGINAL LENDER/MORTGAGE COMPANY		DID YOU REFINANCE THE ORIGINAL LOAN?	
What type of 1 st Mortgage do you have? (check one) <input type="checkbox"/> FHA <input type="checkbox"/> Conv <input type="checkbox"/> Other		Fixed ___ Adjustable if adjustable for ___ years. Term of loan ___ Yrs Rate _____	
What type of 2 nd Mortgage do you have? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fixed ___ Adjustable if adjustable for ___ years. Term of loan ___ Yrs Rate _____	
Is it a Home Equity Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do we service both your 1 st Mortgage and your 2 nd Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please provide the name of the Servicer/Lender:			
About the Property			
Do you own this house? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what name is on the title?	
If your name is not on the title, did you inherit the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in this house? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a second home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a lease agreement, please provide a copy.			
Do you intend to keep the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	ESTIMATED PROPERTY VALUE		ORIGINAL PURCHASE PRICE
If you do not intend to keep the property, is it currently listed?		AGENT NAME	
CURRENT LISTING PRICE	TIME PROPERTY HAS BEEN LISTED	AGENT PHONE NUMBER	AGENT EMAIL ADDRESS
Describe any emergency repairs necessary on your house to include heating, plumbing, electrical or roof.			

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About You		
If you live in this house, how many dependents at this address?		What are the ages (including yourself)?
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		TOTAL NUMBER OF PEOPLE LIVING AT ADDRESS
Do you need help in organizing and managing your finances?		Have you contacted credit counseling services?
Are you currently still working with credit counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COUNSELOR NAME	COUNSELOR PHONE NUMBER	COUNSELOR EMAIL ADDRESS
Are you behind on your mortgage payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		When did you last send a payment that the lender accepted?
AMOUNT OF LAST ACCEPTED PAYMENT	MONTH OF LAST ACCEPTED PAYMENT	MORTGAGE BALANCE
Has borrower or co-borrower filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Ch 7 or Ch 13? <input type="checkbox"/> Ch7 <input type="checkbox"/> Ch13
Please describe what happened that caused you to (or will cause you to) miss your mortgage payment(s). (If necessary, please attach additional sheet.)		
When did this event occur? Do you expect your situation to be temporary?		
Please provide the amount of any increased expenses and what they are as well as lost or reduced income and why.		
Have you considered selling your property to avoid foreclosure? If so, please describe why you would want to sell your home. If you have not considered selling, please indicate why you want to keep the property.		
Are you prepared to take whatever action is necessary to try to preserve your homeownership and/or your credit?		
What actions have you taken to date to resolve your financial situation?		
Funds Available		
Do you have funds available for a down payment or to put towards reducing your delinquent balance?		DOWNPAYMENT AMOUNT
When will this money be available to you?		What is the source?

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Borrower Employment History

CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	LENGTH OF EMPLOYMENT	PRESENT EMPLOYER
IF SELF-EMPLOYED, NAME OF COMPANY		Do you expect any change to your current employment status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Borrower Employment History

CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	LENGTH OF EMPLOYMENT	PRESENT EMPLOYER
IF SELF-EMPLOYED, NAME OF COMPANY		Do you expect any change to your current employment status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Income (Borrower)

Monthly Income (Co-borrower)

Item	Amount	Item	Amount
Gross Wages/Frequency of Pay		Gross Wages/Frequency of Pay	
Unemployment Income		Unemployment Income	
Child Support/Alimony		Child Support/Alimony	
Disability Income/551		Disability Income/551	
Insurance Claims/Lawsuit		Insurance Claims/Lawsuit	
Food Stamps		Food Stamps	
Welfare		Welfare	
Rental Income		Rental Income	
Commissions, bonus, and self-employed income		Commissions, bonus, and self-employed income	
Less: Federal and State Tax, FICA		Less: Federal and State Tax, FICA	
Less: Other Deductions (Benefits, 401K, Union Dues, Be.)		Less: Other Deductions (Benefits, 401K, Union Dues, Be.)	
Other		Other	
Total		Total	

Monthly Income

OTHER HOUSEHOLD INCOME	ADDITIONAL INCOME AMOUNT	SOURCE OF ADDITIONAL INCOME
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Monthly Expenses (All Borrowers)

Assets and Liabilities (All Borrowers)

Item	Amount	Past Due	Item	Estimate Value
This Mortgage			Checking Account(s)	
Real Estate Taxes if not included in Mortgage payment			Savings/Money Market Account(s)	
Hazard Insurance if not included in Mortgage payment			Stocks, Bonds, and CD's	
Homeowners Association/Condo Dues			IRA/Keogh Accounts (Vested)	
Other Mortgages, Liens, Rents*			401K/ESOP Accounts (Vested)	
Auto Loan(s)			Home	
Auto Expenses/Insurance/Gasoline			Other Real Estate*	
Credit Cards			Autos without Liens	
Installment Loans			Cash Value of Life Insurance	
Health Insurance			Other (Please List)	
Medical Expense			Number of autos (do not add to total)	
Child Care				
Child Support/Alimony				

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Monthly Expenses (All Borrowers)			Assets and Liabilities (All Borrowers)	
Item	Amount	Past Due	Item	Estimate Value
Food				
Spending Money				
Water/Sewer				
Gas				
Electric				
Cable/Internet				
Phone				
Cell Phone				
Other (Please List)				
Total			Total	

If you have a second mortgage on this property or own other real estate besides your primary residence, please attach a separate sheet with a complete list of property owned along with the Lender name/address/phone number and account numbers. Monthly payments/remaining balance/estimated property value and if any rental income monthly rents.

Borrower Release and Authorization

"I (we) acknowledge as follows: The financial information provided in the Financial Information and Disclosure Statement is a true and factual statement of my (our) financial status. I (we) understand and acknowledge that any action take by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided.

"I (we) also agree that if it is determined that I have provided information that is misrepresented and thereby caused actions to be taken which would not have been taken had the true facts been known, I shall be liable for any and all losses suffered by the lender of my mortgage loan."

"I (we) agree that our lender may discuss, obtain and share information, including but not limited to credit information, (FICO scores), about my mortgage and financial situation with third parties regarding a possible resolution or loss mitigation. The negotiation of any possible resolution or loss mitigation alternative will not constitute a waiver of or defense to my lender's rights to commence or continue any action, and my lender may contact other parties with a financial interest in this property. Any negotiation for a possible loss mitigation resolution or resolution will be provided only if an agreement has been approved in writing by my lender."

"I (we) understand _____ may require additional information to approve certain alternatives and am willing to disclose requested information as necessary. I/We hereby authorize you to release to _____ (3rdParty, if applicable) any and all information they may require for the purpose of a credit transaction."

Signatures

BORROWER NAME		BORROWER SIGNATURE		DATE
CO-BORROWER NAME		CO-BORROWER SIGNATURE		DATE
COUNSELING AGENCY NAME	COUNSELOR NAME		COUNSELOR PHONE NUMBER	