

Mississippi Housing Partnership

1217 N. West Street
P.O. Box 22987
Jackson, MS 39202

MODIFICATION CHECK LIST

Please, Check Off Once Completed or Submitted

(*) Items included in packet

1. * Client / Counselor Contract (Agreement)
2. * Foreclosure Intervention Application & Intake Form (2 pages)
3. * Authorization
4. * Request For Information From Loan Servicer (2 pages)
5. * Third-Party Authorization
6. * Dodd-Frank Signed & Dated
7. * RMA (Request for a Modification and Affidavit) (3 pages)
8. * 4506-T Signed & Dated
9. * Credit Report Authorization Signed & Dated
10. * Client Budget (3 pages)
11. * Modification Information Sheet
12. Last 30 Days Consecutive of Pay Stubs
13. Last 2 Months Bank Statements
14. Award Letter (SSI, DISABILITY, RETIREMENT)
15. Most Recent Tax Return & W-2's
16. Hardship Letter Signed & Dated
17. Validated Budget and Action Plan (Produced in Office)
18. Copy of Driver's License
19. Copy of Social Security Card
20. Copy of Deed of Trust (Can Be Obtained From Your Tax Assessors Office)
21. Copy of Promissory Note (Can Be Obtained From Your Servicer)
22. Copy of Warranty Deed (Can Be Obtained From Your Tax Assessors Office)
23. Copy of all Utility Bills (Electric, Water, Gas, Telephone, Cable, Internet)
24. Statements of all Revolving Accounts, Credit Cards & Loans

In case of divorce or other personal issues, you will need to submit:

25. Quitclaim Deed
26. Divorce Decree
27. Court Ordered Child Support
28. Letter of Explanation (Poses as documentation for quoted amounts)

Client/Counselor Agreement

Mississippi Housing Partnership and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honest, respect and professionalism in all services

I/We, _____ agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing. We understand that if we willfully submit false information to **Mississippi Housing Partnership (counseling organization)** and/or foreclosure counselor, **Robbie Smith**, *our case will be withdrawn from the program and we will receive no further assistance from the counseling organization. Mississippi Housing Partnership will sever all ties with us.*
- I/We will provide all necessary documentation and follow-up information within the timeframe requested or risk a delay in the process.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment may still end at the scheduled time.
- I/We will call within 2 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Homeowner

Date

Mississippi Housing Partnership

Agency

Date

Robbie Smith

Counselor

Signature

Date

FORECLOSURE INTERVENTION APPLICATION & INTAKE FORM

HOME OWNER INFORMATION

Referral Source: _____

Date _____ Housing Counselor _____

Customer (A) _____

Customer (B) _____

Address _____

City _____ State _____ Zip Code _____

Property Address if different _____

Purchased Home Date _____ Home Phone _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____ Email Address (B) _____

Number of Adults Over 18 _____ Number of Children _____ Ages _____

Customer (A) SSN _____ Customer (B) SSN _____

Customer (A) DOB _____ Customer (B) DOB _____

Customer (A) Ethnicity _____ Customer (B) Ethnicity _____

Customer (A) Employer _____ Title _____ How Long? _____

Customer (B) Employer _____ Title _____ How Long? _____

Customer (A) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Customer (B) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Other household income

Amount per month

Social Security /SSI / SSDI	\$
Child or Spousal support received	\$
Unemployment compensation	\$
Workers disability compensation	\$
Veterans Benefits	\$
Monies from rental properties	\$
Children's wages	\$
Food Stamps	\$
MFIP	\$
Child care assistance	\$
Housing assistance	\$
TOTAL HOUSEHOLD INCOME	\$

1ST MORTGAGE COMPANY

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

TYPE OF LOAN: (Please check all that apply)

FHA VA RURAL DEVELOPMENT

ASSUMED CONTRACT FOR DEED

Insured CONVENTIONAL Uninsured CONVENTIONAL

MOBILE HOME LOAN (age of home: _____)

TERMS OF LOAN: FIXED RATE ADJUSTABLE RATE

30 YEAR MTG 15 YEAR MTG

Are Taxes and Insurance included in your mortgage payment? YES NO

If NO, Are your Taxes current: YES NO

Is your Insurance current: YES NO

2ND MORTGAGE COMPANY

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

ASSOCIATION DUES OR 3RD MORTGAGE

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

Authorization to Release Information

TO: _____ Mortgage Co

RE: Account No: _____

Borrower: _____

Co-Borrower: _____

Prop. Address: _____

Authorization to Release Information

Dear Loss Mitigation,

I/we are working with the Mississippi Housing Partnership (a HUD certified counseling agency) on a plan to resolve our mortgage delinquency. I/we hereby authorize you to release any and all information concerning our account to the Mississippi Housing Partnership.

I/we further authorize you to discuss our case with **Robbie Smith**. They are working to help us address our financial problems and to propose a loss mitigation plan which is within your guidelines.

At present, I/we request that you fill out the request for loan information which accompanies this letter. Please return it to **Robbie Smith** by fax (601-969-5300) within seven business days. You may release additional information to **Robbie Smith** and the **Mississippi Housing Partnership** in the future without further authorization.

Thank you for your attention regarding my request.

Sincerely,

Borrower's Signature: _____

Date: _____

Co-Borrower's Signature: _____

Date: _____

REQUEST FOR INFORMATION FROM LOAN SERVICER

Borrower _____ Loan #: _____

Co-Borrower _____

Address _____

Do Not Write Below This Line
(To Be Completed By Counselor and Servicer.)

Pursuant to the attached authorization by the borrower, please supply the following information about the above referenced account. The information will be used to help the borrower propose a loss mitigation plan, if possible.

Mortgage Investor: _____

Investor Loan #: _____

Mortgage Insurance Company: _____

Loan Payment Info:

Current Interest Rate: _____ %

Monthly Principal & Interest Payment: _____

Monthly Escrow Payment: _____

Total Monthly Mortgage Payment: _____

Amount of Arrears:

Due for (Earliest unpaid installment): _____

Late Charges Due: _____

Foreclosure Fees & Costs Due:
(Itemize all charges) _____

Other Unpaid Charges: _____

Balance in Suspense Account: _____

TOTAL ARREARS (as of _____) \$ _____

Total Balance Due on Loan:

Unpaid Principal Balance: _____

Past Due Interest: _____

Unpaid Escrow: _____

TOTAL AMOUNT DUE ON LOAN (PAY-OFF)
(as of _____) \$ _____

Per Diem Interest: _____

Date of Most Recent BPO/Appraisal: _____ Value: _____

Other Comments:

FORECLOSURE STATUS: _____

SALE DATE (IF SCHEDULED): _____

Third-Party Authorization Form

Loan #: _____

Borrower: _____

Co-Borrower: _____

Property Address: _____

Servicer: _____

The undersigned Borrower and Co-Borrower (if any) authorize the above Servicer and the following third parties to share, release, discuss, and otherwise provide to and with each other public and non-public information contained in or related to the mortgage loan of the Borrower. This information may include (but not limited to) the name, address, telephone number, social security number, income, government monitoring information, loss mitigation application status, account balances, and program eligibility.

The Servicer will take reasonable steps to verify the identity of a third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before Signing this Third-Party Authorization, Beware of Foreclosure Rescue Scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid until the Servicer receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower: _____ Co-Borrower: _____

Date: ____/____/____

Date: ____/____/____

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date