

Making Home Affordable Program
Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

▶ Loan I.D. Number _____ ▶ Servicer _____

| BORROWER | | CO-BORROWER | |
|------------------------------------|---------------|------------------------------------|---------------|
| Borrower's name | | Co-borrower's name | |
| Social Security number | Date of birth | Social Security number | Date of birth |
| Home phone number with area code | | Home phone number with area code | |
| Cell or work number with area code | | Cell or work number with area code | |

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home Investment

The property is: Owner Occupied Renter Occupied Vacant

Mailing address _____

Property address (if same as mailing address, just write same) _____ E-mail address _____

Is the property listed for sale? Yes No
 Have you received an offer on the property? Yes No
 Date of offer _____ Amount of offer \$ _____
 Agent's Name: _____
 Agent's Phone Number: _____
 For Sale by Owner? Yes No

Have you contacted a credit-counseling agency for help Yes No
 If yes, please complete the following:
 Counselor's Name: ROBBIE SMITH
 Agency Name: MISSISSIPPI HOUSING PARTNERSHIP
 Counselor's Phone Number: (601) 969-1895
 Counselor's E-mail: RSMITH1217@COMCAST.COM

Who pays the real estate tax bill on your property?
 I do Lender does Paid by condo or HOA

Are the taxes current? Yes No
 Condominium or HOA Fees Yes No \$ _____
 Paid to: _____

Who pays the hazard insurance premium for your property?
 I do Lender does Paid by Condo or HOA

Is the policy current? Yes No
 Name of Insurance Co.: _____
 Insurance Co. Tel #: _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
 Has your bankruptcy been discharged? Yes No Bankruptcy case number _____

Additional Liens/Mortgages or Judgments on this property:

| Lien Holder's Name/Servicer | Balance | Contact Number | Loan Number |
|-----------------------------|---------|----------------|-------------|
| | | | |
| | | | |

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

| | |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |

Other: _____

Explanation (continue on back of page 3 if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD

Number of People in Household:

| Monthly Household Income | | Monthly Household Expenses/Debt | | Household Assets | |
|---|----|--|----|--|----|
| Monthly Gross Wages | \$ | First Mortgage Payment | \$ | Checking Account(s) | \$ |
| Overtime | \$ | Second Mortgage Payment | \$ | Checking Account(s) | \$ |
| Child Support / Alimony / Separation ² | \$ | Insurance | \$ | Savings/ Money Market | \$ |
| Social Security/SSDI | \$ | Property Taxes | \$ | CDs | \$ |
| Other monthly income from pensions, annuities or retirement plans | \$ | Credit Cards / Installment Loan(s) (total minimum payment per month) | \$ | Stocks / Bonds | \$ |
| Tips, commissions, bonus and self-employed income | \$ | Alimony, child support payments | \$ | Other Cash on Hand | \$ |
| Rents Received | \$ | Net Rental Expenses | \$ | Other Real Estate (estimated value) | \$ |
| Unemployment Income | \$ | HOA/Condo Fees/Property Maintenance | \$ | Other _____ | \$ |
| Food Stamps/Welfare | \$ | Car Payments | \$ | Other _____ | \$ |
| Other (Investment income, royalties, interest, dividends etc.) | \$ | Other _____ | \$ | Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.) | |
| Total (Gross Income) | \$ | Total Debt/Expenses | \$ | Total Assets | \$ |

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

| | | | |
|-------------------|---|--------------------|---|
| BORROWER | <input type="checkbox"/> I do not wish to furnish this information | CO-BORROWER | <input type="checkbox"/> I do not wish to furnish this information |
| Ethnicity: | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Ethnicity: | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | Race: | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| Sex: | <input type="checkbox"/> Female <input type="checkbox"/> Male | Sex: | <input type="checkbox"/> Female <input type="checkbox"/> Male |

To be completed by interviewer

| | | |
|---|---|--|
| This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet | Interviewer's Name (print or type) & ID Number ROBBIE S. SMITH | Name/Address of Interviewer's Employer Mississippi Housing Partnership 1217 N. West Street Jackson, Mississippi 39202 |
| | Interviewer's Signature _____ Date _____ | |
| | Interviewer's Phone Number (include area code) (601) 969-1895 | |

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ _____ Date

Borrower Signature

▶ _____ Date

Co-Borrower Signature

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov and provide them with your name, our name as your servicer, your property address, loan number and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

| | |
|--|--|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions) | |
| 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. | |

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 Information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

| | |
|--|------|
| | |
| ▶ Signature (see instructions) | Date |
| ▶ Title (if line 1a above is a corporation, partnership, estate, or trust) | |
| ▶ Spouse's signature | Date |

Phone number of taxpayer on line 1a or 2a

Sign Here

CLIENT BUDGET

Borrower: _____

Address: _____

Co-Borrower: _____

Address: _____

LOAN

PROPERTY INFORMATION

Mortgage Company _____

Phone # _____

Property Address _____

City, State, Zip _____

Please sign below to grant us the authority to confirm the information you have disclosed in the financial statement.

_____/_____/_____
Borrower Date

_____/_____/_____
Co-Borrower Date

PERSONAL AND EMPLOYMENT INFORMATION

Borrower Name _____

Co-Borrower Name _____

Current Mailing Address _____

Current Mailing Address _____

City _____

City _____

State & Zip _____

State & Zip _____

Telephone Day _____

Telephone Day _____

Telephone Evening _____

Telephone Evening _____

Social Security # _____

Social Security # _____

Dependents (excluding Co-Borrower) _____

Dependents (excluding Borrower) _____

| | | | |
|--------------------------------------|-------|--------------------------------------|-------|
| Are you currently employed? (Y/N) | _____ | Are you currently employed? (Y/N) | _____ |
| Employer's Name | _____ | Employer's Name | _____ |
| Address | _____ | Address | _____ |
| City | _____ | City | _____ |
| State & Zip | _____ | State & Zip | _____ |
| Telephone | _____ | Telephone | _____ |
| Length of Employment | _____ | Length of Employment | _____ |
| Monthly Gross Income | _____ | Monthly Gross Income | _____ |
| Monthly Net Income | _____ | Monthly Net Income | _____ |
| Receiving Child Support? | _____ | Receiving Child Support | _____ |

| | <u>Monthly Expenses</u> | <u>Total Per Month</u> | <u>Balance Due</u> | <u>Months Delinquent</u> |
|----|---|------------------------|------------------------|--------------------------|
| 1 | Mortgage and/or Rent | _____ | _____ | _____ |
| 2 | Do you have debt secured by property? Y/N if so list H/O INSURANCE | _____ | _____ | _____ |
| 3 | List vehicles you own/lease, age & value | _____ | _____ | _____ |
| 4 | List your credit cards | _____ | _____ | _____ |
| 5 | Student Loan Payments | _____ | _____ | _____ |
| 6 | Alimony Payments | _____ | _____ | _____ |
| 7 | Child support Payments (terminates?) Deducted from Payroll | _____ | _____ | _____ |
| 8 | Utilities | _____ | _____ | _____ |
| | Gas | _____ | _____ | _____ |
| | Water | _____ | _____ | _____ |
| | Electric | _____ | _____ | _____ |
| 9 | Telephone/CABLE/INTERNET | _____ | _____ | _____ |
| 10 | Health/Life Insurance not deducted from paycheck | _____ | _____ | _____ |
| 11 | Medical doctor (co pay)/ dentists not paid by insurance | _____ | _____ | _____ |
| 12 | Hospital, Prescription drugs, etc. | _____ | _____ | _____ |

- 13 Auto Insurance _____
- 14 Gas, Bus and/or Parking _____
- 15 Auto Maintenance _____
- 16 **Food** _____
- 17 Clothes, Dry Cleaning, Uniforms (not paid for by employer) _____
- 18 Entertainment (movies, dinner, cable, etc.) _____
- 19 Child Care _____
- 20 Charitable Donations/Tithes _____
- 21 Other: _____

TOTAL MONTHLY INCOME: \$ _____

MINUS TOTAL MONTHLY EXPENSES: \$ _____

SURPLUS INCOME: \$ _____

STATE REASON FOR DEFAULT:

Borrower's Signature: _____ Date: ____/____/____

Co-Borrower's Signature: _____ Date: ____/____/____

MODIFICATION INFORMATION

Name: _____

Co-Borrower's Name: _____

Address: _____

City/State/Zip _____

Phone #: (H) _____ (C) _____

Other: _____

Age: _____ Race: _____

Place of Employment: _____

Length of Employment: _____

Start Date: _____

Position: _____

Annual Income: _____

Monthly Income: (Gross) _____

Monthly Income: (Net) _____

Mortgage Company: _____

Account #: _____

Type Loan: _____

Monthly Mortgage Payment: _____

No. Payments Delinquent: _____

Term (# Payments of Loan): _____

Interest Rate: _____

Property Taxes (*If Not Included in Mortgage*): _____

Property Insurance (*If Not Included in Mortgage*): _____

Amount Available to Contribute Toward Workout: _____

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EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.