***APPENDIX G (Page 1 of 4)***

**LOSS MITIGATION APPLICATION**

If you are having mortgage payment challenges, please complete and submit this application to your mortgage servicer (“servicer”). The information you provide in this application will help your servicer identify the assistance you may be eligible to receive. If you need help completing this application or need instructions about how to submit your completed application, please contact your servicer directly.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies (these agencies may be able to assist you with translation or other language assistance, if needed):

* The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling)
* The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

Free resources are available at the Maryland Homeowner Assistance Hotline at 1-877-462-7555 or go to [homeownerassistance.maryland.gov](http://homeownerassistance.maryland.gov/).

**LOAN NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BORROWER INFORMATION**

**Borrower’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ****Cell ****Home ****Work ****Other

Alternate phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ****Cell ****Home ****Work ****Other

**Co-borrower’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail 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
**** Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower 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

***APPENDIX G (Page 2 of 4)***

**PROPERTY INFORMATION**

Property address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (if different from property): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The property is currently: **** A primary residence **** A second home **** An investment property

The property is (select all that apply): **** Owner occupied **** Renter occupied **** Vacant

I want to: **** Keep the property **** Sell the property **** Transfer property ownership to 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the property subject to condominium or homeowners’ association (HOA) fees? **** Yes **** No
If yes, indicate monthly dues: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HARDSHIP INFORMATION**

The hardship causing mortgage payment 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)**:

**** Unemployment

**** Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)

**** Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)

**** Disaster (natural or man-made) impacting the property or borrower's place of employment

**** Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member

**** Divorce or legal separation

**** Separation of borrowers unrelated by marriage, civil union, or domestic partnership under applicable law

**** Death of borrower or death of either the primary or secondary wage earner

**** Distant employment transfer/relocation

**** Other – Hardship that is not covered above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***APPENDIX G (Page 3 of 4)***

**BORROWER INCOME**

Please enter all borrower income amounts.

|  |
| --- |
| **MONTHLY BORROWER INCOME TYPE & AMOUNT** |
| Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses | $ |
| Self-employment income | $ |
| Unemployment benefit income | $ |
| Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance | $ |
| Non-taxable Social Security or disability income | $ |
| Rental income (rents received, less expenses other than mortgage expense) | $ |
| Investment or insurance income | $ |
| Other types 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) | $ |

**CURRENT BORROWER ASSETS**

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

|  |  |
| --- | --- |
| Checking account(s) and cash on hand | $ |
| Savings, money market funds, and Certificates of Deposit (CDs) | $ |
| Stocks and bonds (non-retirement accounts) | $ |
| Other: | $ |

***APPENDIX G (Page 4 of 4)***

**BORROWER CERTIFICATION AND AGREEMENT**

1. I certify and acknowledge that all of the information in this Loss Mitigation Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my 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.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any 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 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, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. 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, (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower 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 I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*
* 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.

**Borrower signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Borrower signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Free resources are available at the Maryland Homeowner Assistance Hotline at 1-877-462-7555 or go to** [**homeownerassistance.maryland.gov**](http://homeownerassistance.maryland.gov/)**.**