FAX COVER SHEET

Sender's Information		Receiver's Information
Name:		To: Whitney Bank
Phone No.:		Fax: 1.504.586.3478
Subject: WB Modification Request	Existing Whitney Loan No.:	Number of Pages:

Please indicate provided information by placing an "x" in the appropriate box.

- ☐ Signed and dated Hardship Letter
- ☐ 2 months of pay stubs for: _____
- ☐ 2 most recent W-2 forms
- ☐ 2 most recent complete tax returns
- ☐ Year-to-Date Profit and Loss Statement for Self-Employed Borrowers
- ☐ Social Security Income (Award Letter) for:_____
- ☐ Evidence of Alimony, Separate Maintenance, Spousal and/or Child Support Income*
- ☐ Supplemental Income or other: _____
- ☐ Complete bank statements for the last two months
- ☐ Current Homeowners Insurance Policy
- ☐ Current Flood Insurance Policy (if applicable)
- ☐ Current Wind/Hail Insurance (if applicable)
- ☐ Current and/or Delinquent Property Tax Information
- ☐ Rental Agreement(s), Purchase Agreement

NOTE: Please reference your loan number on your documentation.

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for qualifying for participation in the Loan Modification Program.

Please fax, interoffice, or mail the required documentation to:
Attention: Regulatory Compliance Risk Management
Whitney Bank
228 St. Charles Avenue
Suite 621
New Orleans, LA 70130
Fax: 1.504.586.3478

Member FDIC. Special credit criteria apply

Whitney Bank's Homeownership Assistance Program Questionnaire

INSTRUCTIONS: Please try to complete as many of the questions as possible. Additional information may be necessary and a Whitney Banker will need to speak with you during the assistance process. (For Consumer Loans/Lines secured by a First Mortgage on Primary Residences only.)

Please bring in copies of:

- 2 recent consecutive pay stubs, and
- 2 consecutive months of bank statements, and
- 2 consecutive tax returns

EXISTING WHITNEY LOAN NUMBER

PART A Borrower Information

If your existing mortgage loan is a joint obligation and you intend to request joint participation in the Loan Modification program, please sign here:

Borrower Signature _____ Co-Borrower Signature _____

Borrower Name	Social Security Number	Co-Borrower Name	Social Security Number

Borrower Phone No. Day ( ) Evening ( ) _____ Cell ( ) _____	Co-Borrower Phone No. Day ( ) Evening ( ) _____ Cell ( ) _____
Property Address _____ Street _____ City, State, ZIP _____	Mailing Address (if applicable) _____ Street _____ City, State, ZIP _____
Email Address	Email Address

Employer (Current)	Position	Employer (Current)	Position
Years on Job	Employer Phone No. ( )	Years on Job	Employer Phone No. ( )

If in current job for less than 5 years, enter your previous employer information below.

Employer (Previous)	Position	Employer (Previous)	Position
Years on Job	Employer Phone No. ( )	Years on Job	Employer Phone No. ( )

PART B Monthly Income

DESCRIPTION (MONTHLY)

1. Gross Salary/Wages _____
2. Other Income* _____
3. Other Additional Income* _____

(SSI, Rental, Second Job, Child Support) _____

4. Total Net Income _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for qualifying for participation in the Loan Modification Program.

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PART C Assets

DESCRIPTION (MONTHLY)	Borrower	Co-Borrower	Total
1. Cash/Checking	$	$	$
2. 401(k)	$	$	$
3. Savings	$	$	$

PART D Monthly Expenses

DESCRIPTION	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	$	$	
2. Rent payment (if owner not occupying subject property)	$	$	
3. Maintenance/Homeowners Association Fees	$	$	
4. Property Taxes	$	$	
5. Homeowners Insurance/Flood Insurance	$	$	
6. Other Mortgages	$	$	
7. Automobile Loans	$	$	
8. Other Loans	$	$	
9. Credit Card (minimum payment)	$	$	
10. Alimony/Child Support	$	$	
11. Child/Dependent Care	$	$	
12. Utilities (water, electricity, gas, cable, etc.)	$	$	
13. Telephone (landline and cell phone)	$	$	
14. Insurance (automobile, health, life)	$	$	
15. Medical Expenses (uninsured)	$	$	
16. Car Expenses (gas, maintenance, parking)	$	$	
17. Groceries and Toiletries	$	$	
18. Other (explain)	$	$	
19. Other (explain)	$	$	
Total	**$**	**$**	

PART E General Questions

Circle or write in your answer as appropriate.			
1. Do you occupy this mortgaged property as a Primary Residence?		Yes	No
If you answered "Yes" to question 1, how long at this residence?		Years:	Months:
2. How many people in the household?			
3. Any dependents under the age of 18? If "Yes" how many?			
4. Do you have any other debts or obligations secured by this property? (Example: second mortgage, home equity loan, judgments or liens)		Yes	No
If you answered "Yes" to question 4, please itemize.			Amount
5. Do you own any other properties? Yes/No If "Yes" how many?		Total Value:	
If you answered "Yes" to question 5:	Total Monthly Payment: $	Total Principal Balance: $	
	Total Rental Income: $	Vacant	
6. If currently past due, what is the amount of funds you immediately have available to apply toward your mortgage delinquency?			
7. In addition to the amount stated above, what amount will you have available in 30 days?			

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PART F General Questions (Cont.)

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of getting behind on your mortgage.

(If needed, attach a separate sheet of paper for explanation.)

If past due, what is your proposal for repaying the past due interest, taxes, and/or insurance (if applicable)?

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Authorization to Release Information

IN ADDITION TO THIS QUESTIONNAIRE AND ITS ATTACHMENTS, THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THE SITUATION THOROUGHLY, SUCH AS:

1. CREDIT REPORTS
2. BANK ACCOUNTS IN THIS DISCLOSURE
3. ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THE REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STATED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN THAT 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.

Borrower Signature Date Co-Borrower Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release to Whitney Bank (the "Bank") any and all information that the Bank may request, including but not limited to my/our credit report(s) and any other credit-related information regarding me/us. Thank you.

Borrower Signature Date Co-Borrower Signature Date

Social Security Number Social Security Number

RIGHT TO RECEIVE A COPY OF AN APPRAISAL

If we obtain and use an appraisal report in connection with your request to participate in the Loan Modification Program, you have the right to a copy of that appraisal report. If you wish to obtain a copy, please write to us at the mailing address we have provided. We must hear from you no later than 90 days after we notify you about the action taken on your request to participate in the Program or you withdraw your request to participate. In your letter, please provide us with the names of all borrowers, the loan number, and the subject property address.

Whitney Bank
Regulatory Compliance Risk Management
228 St. Charles Avenue, Suite 621, New Orleans, LA 70130

Borrower Signature Date Co-Borrower Signature Date

EQUAL HOUSING LENDER

WHITNEY®
whitneybank.com

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