

# FINANCIAL WORKSHEET

Homeowner Name:

Loan Number:

## Income

Homeowner Income  
Co-Homeowner Income  
Other Income 1  
Other Income 2  
Other Income 3

Monthly Gross	Monthly Net	Source
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	

Total Gross Income

\$

Total Net Income

\$

Total Annual Income

\$

## Expenses

Mortgage Payment  
2nd Mortgage Payment  
Monthly Property Taxes  
Home Owners Insurance  
Home Owner Association Fee  
Cell Phone Payment  
Home Phone Payment  
Cable/Internet Payment  
Electric Payment  
Trash Payment  
Gas Payment  
Water Payment  
Monthly Food Costs  
Car Insurance Payment  
Car Payments  
Vehicle Gas  
Daycare/ Childcare  
Child Support  
Health Insurance  
Medical/ Dental Costs  
Monthly Prescription Costs  
Life Insurance Costs

## Monthly Payments

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

## Unpaid Balance

(If not included in payment)  
(If not included in payment)

## Summary

Total Dependents:

Total In Household:

## Assets

## Estimated Value

Checking Accounts	\$
Savings Accounts	\$
IRA/401K/Keogh Accounts	\$
Other	\$
Total Assets	\$

Total Expenses

\$

Total Balance

\$

Gross Monthly Surplus

\$

Net Monthly Surplus

\$

## Credit Cards

## Monthly Payments

## Unpaid Balance

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

## Additional Expenses

\$
\$
\$
\$
\$

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization for Release of Information form).

Signature

Print Name

Date

Co-Homeowner Signature

Print Name

Date



LOAN NUMBER#

HARDSHIP LETTER

Homeowner Name	Homeowner Signature	Date
Co-Homeowner Name	Co-Homeowner Signature	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 receive 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.

### **Borrower**

- ☐ I 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

### **Co-Borrower**

- ☐ I 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

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that 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.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

**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:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home <input type="checkbox"/> Investment
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant

Mailing address	
Property address (if same as mailing address, just write same)	E-mail address
<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer _____ Amount of offer \$ _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's E-mail: _____</p>
<p>Who pays the real estate tax bill on your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Paid to: _____</p>	<p>Who pays the hazard insurance premium for your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA</p> <p>Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Insurance Co.: _____</p> <p>Insurance Co. Tel #: _____</p>
<p>Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____</p> <p>Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number _____</p>	
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.
<input type="checkbox"/> Other: _____	
Explanation (continue on back of page 3 if necessary): _____	

INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>

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 <sup>2</sup>	\$	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.)	
<b>Total (Gross Income)</b>	<b>\$ 0.00</b>	<b>Total Debt/Expenses</b>	<b>\$ 0.00</b>	<b>Total Assets</b>	<b>\$ 0.00</b>

## INCOME MUST BE DOCUMENTED

<sup>1</sup>Include 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.

<sup>2</sup>You 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.**

<b>BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b>	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b>	<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	<b>Race:</b>	<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
<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>To be completed by interviewer</b>		<b>Name/Address of Interviewer's Employer</b>	
<b>This request was taken by:</b> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		<b>Interviewer's Name (print or type) &amp; ID Number</b> <b>Interviewer's Signature</b> <b>Date</b> <b>Interviewer's Phone Number (include area code)</b>	

**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.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

**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.sigtarp.gov](http://www.sigtarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



# Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

Department of the Treasury  
Internal Revenue Service

► Request may not be processed if the form is incomplete or illegible.

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.		<b>1b</b> First social security number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.		<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code		
<b>4</b> Previous address shown on the last return filed if different from line 3		
<b>5</b> If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.		
Third party name		Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code		
<b>6</b> <b>Year(s) requested.</b> Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.		

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	



INDIANA FORECLOSURE PREVENTION NETWORK

## INDIANA FORECLOSURE PREVENTION NETWORK NOTICE AND RELEASE

The information, counseling and guidance provided by the Indiana Foreclosure Prevention Network ("IFPN"), either through its educational materials or by its counselors, is not, and should not be considered legal advice to you or any other person. By signing below, you acknowledge your understanding that each person's circumstances are unique, and that your issues must be evaluated thoroughly and individually by legal counsel before you can reasonably believe you have received legal advice.

Although the information and counseling being provided by the IFPN Network Agencies and their counselors, staff and agents (collectively, the "Counselor") is free of charge to clients, the IFPN receives Congressional funds through the National Foreclosure Mitigation Counseling ("NFMC") program, as well as the Indiana Housing and Community Development Authority, and, as such, is required to share some of your personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. Your signature on this Notice and Release authorizes such sharing of your personal information with the NFMC.

You are encouraged to ask questions about anything you do not understand regarding the IFPN, including what services are and are not being provided by your Counselor. You are also encouraged to consult legal and financial counsel before taking any action in reliance upon any analysis being provided through the IFPN.

You may terminate your participation in the IFPN at any time by notifying your Counselor. Under certain circumstances, the Counselor may terminate your participation for other reasons. Whenever such termination occurs, you will be asked to sign a completed Termination Form, indicating the reason for termination, and return it to your Counselor.

Your signature below constitutes your release of the IFPN, the Counselors, and their respective officers, agents, and employees (collectively, the "Released Parties"), from any and all claims, demands, actions, and causes of action, for, upon, or by reason of any damages, losses, injuries, or expenses, which you may have sustained as a result of any services rendered by the Released Parties.

☐ Check box if you give permission for NFMC program administrators and/or their agents to follow-up with you between now and June 30, 2011 for the purposes of program evaluation.

☐ Check box if you agree to the following:

You further authorize the Counselor to contact, obtain information about your mortgage from, and discuss your mortgage with, your lender(s) and other third parties in order to assist you in resolving your mortgage delinquency. You allow your Counselor to communicate any and all information provided by you or your lender(s) to any persons or companies that you have indicated are serving as your legal and/or financial representatives in this matter.

The Counselor will release information only to those institutions, companies and agencies that you have indicated are working for you, or which the Counselor believes may provide assistance in resolving your mortgage default. Examples of such third parties include, but are not limited to: your attorney, mortgage servicers, mortgage investors, public agencies and other nonprofit agencies. The Counselor will take reasonable steps to verify the identity of such third parties, but has no responsibility or liability to verify the identity of such third parties or for what such third parties do with your personal information.

The information release of records may include records whose confidentiality is protected by either federal regulations or state regulations and may include specific financial data, such as income, budget, debt and mortgage details. The provision of services from the Counseling Agency is **NOT** contingent upon your decision concerning the release/exchange of information. However, if you do not permit us to share personal information, we will not be able to answer certain questions from your creditors, which may prevent you from participating in certain programs that may be beneficial to you and assist you in resolving your mortgage problems. You understand that the Counseling Agency provides foreclosure mitigation counseling after which you will receive a written action plan





AMERICAN FORECLOSURE PREVENTION NETWORK

consisting of recommendations for handling your finances, possibly including referrals to other housing agencies as appropriate.

I hereby acknowledge receipt of this Notice and Release, and my understanding of its contents. I acknowledge that I have received a copy of the Counseling Agency's Privacy Policy. I acknowledge that a signed copy of this Notice and Release is as valid as the original. IT IS MY RESPONSIBILITY TO ASK QUESTIONS IF I DO NOT UNDERSTAND THIS NOTICE AND RELEASE, OR THE LIMITED NATURE OF SERVICES BEING OFFERED BY IFPN AND THE COUNSELOR. I acknowledge that all consent in this Notice and Release is voluntary and valid until the earlier of one (1) year from the date shown below, or my revocation of the consent by a subsequent signed document. I understand that by revoking this consent, I cannot undo any action taken by Counseling Agency based upon this consent.

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SIGNATURE

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PRINTED NAME

---

DATE



INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

### Authorization to Release Information

**Borrower Name:** \_\_\_\_\_

Last Four Digits of Borrower Social Security Number \_\_\_\_ \_

**Co-Borrower Name:** \_\_\_\_\_

Last Four Digits of Co-Borrower Social Security Number \_\_\_\_ \_

**Co-Borrower Name:** \_\_\_\_\_

Last Four Digits of Co-Borrower Social Security Number \_\_\_\_ \_

**Property Address:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Lender:** \_\_\_\_\_ **Loan Number:** \_\_\_\_\_

**Servicer:** \_\_\_\_\_ **Conventional** ☐ **FHA** ☐ **VA** ☐

**Agencies:** Indiana Housing and Community Development Authority

\_\_\_\_\_  
[Non Profit Counseling Agency]

**Housing Counselor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I/we authorize the Agencies named above (hereinafter the "Agencies") and their representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan (hereinafter "Third Parties") and to provide to Third Parties documentation on my/our behalf regarding my/our loan. I authorize the exchange of public and non-public personal information contained in or related to my/our mortgage, which may include, but is not limited to, the information above. I understand that the Agencies will take reasonable steps to verify the identity of Third Parties, but have no responsibility or liability to verify the identity of Third Parties or for what Third Parties do with my/our personal information.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with the Agencies.

I/we also authorize the lender and/or servicer handling my/our loan to notify the Agencies in the event that my/our loan payments become delinquent in the future, if the lender or servicer chooses to provide such notification.

I/we also understand that the Agencies will maintain the confidentiality of borrower(s) information, according to state and federal law.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will remain valid only until revoked in writing by any borrower or co-borrower named above.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor

\_\_\_\_\_  
Date