



Date sent by our office: \_\_\_\_\_

### **Loss Mitigation Application**

#### **Instructions:**

Please provide the information requested on this Application to the fullest extent possible, so we can examine the loss mitigation options available to you. Please do not hesitate to call your Loss Mitigation coordinator if you have any questions. Your Loss Mitigation coordinator will explain all of the enclosed forms and what we need from you with respect to the loss mitigation process.

#### **The following documents are included in this packet:**

- 1) Required Income Documentation
- 2) Homeowner Assistance Form
- 3) Hardship Affidavit
- 4) Household Income and Expenses/Debt Form
- 5) Acknowledgement and Agreement
- 6) Fax Cover Sheet
- 7) Prepaid United States Postal Service two day mail return envelope/label (enclosed)

#### **Mail or fax the completed Application:**

Once you have completed the Application and attached all supporting documents, you may use the Fax Cover Sheet to fax or mail it to us.

FAX:            Loss Mitigation  
                  Attention: Ken Free  
                  803-403-8708

MAIL:           National Asset Mortgage, LLC  
                  Loss Mitigation  
                  Attention: Ken Free  
                  P.O. Box 1517,  
                  Irmo, South Carolina 29063

Please return the Loss Mitigation package within twenty (20) days of the mailing date listed.

#### **Questions:**

If you have any questions about this Application or the supporting documentation required, please call (803) 391 3293.

**THIS IS AN ATTEMPT TO COLLECT A DEBT, AND ANY COMMUNICATION FROM YOU WILL BE USED FOR THAT PURPOSE.**

# Required Income Documentation

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Please provide proof of income for you and the co-buyer, if any. If you and a co-buyer are completing this Application, include your combined income and expenses.

**1. Gross Monthly Income.** Please include the following supporting documentation with this Application:

- \_\_\_\_ Most recent tax returns for one year
- \_\_\_\_ Proof of income (paystubs, paychecks or pay statements)
  - If paid weekly—four paystubs
  - If paid biweekly—three paystubs
  - If paid semi-monthly—two paystubs
  - If paid monthly—one paystub

NOTE: If paystubs are unavailable, the following are acceptable substitutes:

- Salary vouchers with dates of payment (must be dated within the last 30 days); must include buyer's name and/or Social Security Number; or
- Letter on company letterhead from your employer stating the pay amount and pay frequency (such as weekly, biweekly, monthly) as well as stating the buyer's name and/or Social Security number. The letter must be dated and signed by the employer.

\_\_\_\_ Provide any other proof of other earned income, including tips, overtime, housing allowance, bonuses, and commissions. Also provide reliable third-party documentation describing the amount and type of income.

**2. Business or Self-Employed Income (if applicable)**

If you are self-employed, please provide:

- \_\_\_\_ Personal and business tax return for the most recent year; AND
- \_\_\_\_ Copies of bank statements for the business accounts for the last two months.

**3. Retirement/Pension/Unemployment and Disability Income (if applicable)**

a) If you have any unemployment or disability income, please provide:

- \_\_\_\_ Unemployment income and/or short-term disability income award letter; AND
- \_\_\_\_ Previous three (3) consecutive months of bank statements or cancelled checks.

b) If you have any Social Security, Disability or Death Benefits, Pension, Public Assistance (including adoption assistance), please provide:

- \_\_\_\_ Documentation showing the amount and frequency of benefits, such as letters, exhibits, disability policy or benefits statement from the provider.
- \_\_\_\_ Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts

**4. Other Income (if applicable)**

a) If you received alimony, child support, or separation maintenance payments, please provide:

\_\_\_\_\_ Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of alimony, separation maintenance payments, or child support and the duration during which the aforementioned payments will be received; AND

\_\_\_\_\_ Copies of the two (2) most recent bank statements or other third-party documents showing payment receipt.

b) If you received any welfare payments, please provide:

\_\_\_\_\_ A letter from the County which is providing benefits, if welfare is listed as income.

c) If you are receiving rental income, please provide:

\_\_\_\_\_ Your most recently filed federal tax return with all schedules, including Schedule E (Form 1040), Supplemental Income and Loss if rental income is included on your federal tax return.

\_\_\_\_\_ If rental income is not reported, please provide a copy of the current lease agreement with either bank statements or cancelled rent checks showing receipt of rent.

d) If a non-buyer resides in your household and is contributing to the monthly installment, please provide:

\_\_\_\_\_ Relevant information on non-buyer household income.

You may include non-buyer household income only if a) the Non-Buyer is a non-obligated fiancé/fiancée, spouse or domestic partner, parent or child; b) the Non-Buyer's income goes toward the monthly note installment and is included in the monthly gross income; AND, c) the Non-Buyer provides a contribution letter which is dated and signed by the contributor stating the contributor's name, relationship, frequency of contribution, and amount of contribution.

# Homeowner Assistance Form

Account Number : \_\_\_\_\_

The Property is (circle one):      Owner Occupied      Renter Occupied      Vacant

I want to (circle one):      Keep the Property      Vacate the Property

Property Address \_\_\_\_\_

Number of People who Reside in Home \_\_\_\_\_

| Buyer Information      | Co-Buyer Information (if applicable)        |
|------------------------|---|
| Buyer's Name           | Co-Buyer's Name                             |
| Social Security Number | Social Security Number                      |
| Date of Birth          | Date of Birth                               |
| Home Phone Number      | Home Phone Number                           |
| Cell Phone Number      | Cell Phone Number                           |
| Email Address          | Email Address                               |
| Mailing Address        | Mailing Address (if different from Buyer's) |

## Buyer/Co-Buyer Situation

Have you filed for bankruptcy? (circle one):      Yes      No      Are you planning to file for bankruptcy?      Yes      No

If Yes (circle one):      Chapter 7      Chapter 11      Chapter 12      Chapter 13      Filing Date \_\_\_\_\_

Has bankruptcy been discharged? (circle one):      Yes      No      Bankruptcy Case Number \_\_\_\_\_

# Hardship Affidavit

I/We am/are requesting review of my/our financial situation(s) to determine whether I/we qualify for temporary or permanent relief options.

**IMPORTANT: In addition to completing this Affidavit and providing the necessary documentation, please provide a written explanation detailing the specific nature of your hardship. A space for your written explanation follows the hardship documentation checklist.**

Date hardship began is: \_\_\_\_\_

I/we believe that  
my/our situation is  
(check one):

☐ Short-term  
(under 6  
months)

☐ Medium-term  
(6-12 months)

☐ Long-term or  
Permanent  
Hardship (greater  
than 12 months)

**I/we am/are having difficulty making my/our monthly installment because of reasons set forth below:**

(Please check all that apply and submit required documentation demonstrating your hardship.)

| Hardship Situation:   | Required Documentation for Hardship:  |
|---|---|
| <input type="radio"/> Unemployment  | <input type="radio"/> No hardship documentation required  |
| <input type="radio"/> Underemployment   | <input type="radio"/> No hardship documentation required, if you have submitted income documentation that supports the income described in the required income documentation section.   |
| <input type="radio"/> Income Reductions   | <input type="radio"/> No hardship documentation required, if you have submitted income documentation that supports the income described in the required income documentation section.   |
| <input type="radio"/> Divorce or Legal Separation                                     | <input type="radio"/> Divorce decree signed by the court; OR<br><input type="radio"/> Separation agreement signed by the court; OR<br><input type="radio"/> Current credit report or other documentation evidencing divorce, separation, or non-occupancy |
| <input type="radio"/> Death of Buyer or Death of Significant Wage Earner in Household | <input type="radio"/> Death Certificate; OR<br><input type="radio"/> Newspaper article or obituary reporting the death  |
|   | <input type="radio"/> Medical bills; OR   |

|  |  |
|--|--|
| <input type="radio"/> Long-Term Disability, Permanent Disability, or Serious Illness of Buyer, Co-Buyer or Dependent | <input type="radio"/> Doctor's certificate of illness/disability; OR<br><input type="radio"/> Proof of monthly insurance benefits or government assistance   |
| <input type="radio"/> Disaster   | <input type="radio"/> Insurance Claim; OR<br><input type="radio"/> FEMA grant or Small business loan; OR<br><input type="radio"/> Property located in a federally declared disaster area   |
| <input type="radio"/> Distant Employment Transfer  | <input type="radio"/> No hardship documentation required   |
| <input type="radio"/> Business Failure   | <input type="radio"/> Tax return from previous year; AND at least one of the following:<br><input type="radio"/> Bankruptcy filing for the business; OR<br><input type="radio"/> Two months recent bank statements; OR<br><input type="radio"/> Most recent signed and dated profit and loss statement |

**Please provide a written explanation detailing the specific nature of your hardship below. Feel free to attach additional pages if necessary.**

# Household Income and Expenses/Debt Form

*Directions:* All income must be documented. Please provide the combined income and expenses of the buyer and co-buyer (if any). If you are including information regarding the income and expenses of a member of the household who is not a buyer, please specify this information on the back of this form. Please identify inapplicable categories with "N/A" for "not applicable."

| Monthly Household Income  |           | Monthly Household Expenses/Debt                          |           |
|---|-----------|--|-----------|
| Buyer Gross Wages   | \$        | Monthly Installment                                      | \$        |
| Buyer Overtime  | \$        | Homeowner's Insurance                                    | \$        |
| Buyer Employment Start Date                                     |           | Property Taxes   | \$        |
| Buyer Additional Employment Start Date (2 <sup>nd</sup> Job)    |           | Credit Cards and Installment Loans (total minimum/month) | \$        |
| Co-Buyer Gross Wages  | \$        | Child Support/Alimony/Separation Payments                | \$        |
| Co-Buyer Overtime   | \$        | Property Maintenance Expenses                            | \$        |
| Co-Buyer Employment Start Date                                  |           | Homeowners Association(HOA)/Condominium Fees             | \$        |
| Co-Buyer Additional Employment Start Date (2 <sup>nd</sup> Job) |           | Child Care Expenses                                      | \$        |
| Child Support/Alimony/Separation Maintenance                    | \$        | Car Payments (including lease payments)                  | \$        |
| Non-Taxable Social Security/SS Disability Insurance             | \$        | Car Insurance, Gas, and Maintenance                      | \$        |
| Taxable Social Security Benefits                                | \$        | Health Insurance and Medical Expenses                    | \$        |
| Other Monthly Income (pensions, annuities, retirement plans)    | \$        | Life Insurance Premiums (not withheld from pay)          | \$        |
| Tips, Commissions, and Bonus Income                             | \$        | Groceries  | \$        |
| Self-Employment Income  | \$        | Water, Sewer, and Utilities                              | \$        |
| Unemployment Income   | \$        | Internet/Cable/Satellite, Cell/Home Phone                | \$        |
| Start Date of Unemployment                                      |           | Personal Loan Payments                                   | \$        |
| Rental Income   | \$        | Tuition  | \$        |
| Boarder Income  | \$        | Tithes and Religious Contributions                       | \$        |
| Food Stamps/Welfare   | \$        | Other  | \$        |
| Other   | \$        |  |           |
| <b>Total (gross income)</b>                                     | <b>\$</b> | <b>Total Expenses</b>                                    | <b>\$</b> |

# Acknowledgement and Agreement

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I/We understand that I/we will be considered for all loss mitigation options appropriate for us.  
I/We certify to the following:

1. That all information provided in this application is true and accurate and the events described in the Hardship Affidavit are the reason(s) I/we am/are seeking loss mitigation options.
2. I/we understand that the servicer or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate federal law.
3. I/we understand that the servicer may pull credit on all buyers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing contract, engaged in fraud, or misrepresented any fact(s) in connection with this document, the servicer may cancel any agreement, may pursue foreclosure or forfeiture (where appropriate), and any other available legal remedies.
5. I/We am/are willing to provide all requested documents and to respond to all servicer questions in a timely manner.
6. I/We understand that that the servicer will use the information in this document to evaluate my/our eligibility for loss mitigation, but the servicer is not obligated to offer assistance based solely on the statements in this document.
7. I/we understand that the servicer will collect and record personal information, including but not limited to the following: name(s), address, telephone number(s), Social Security number(s), credit score(s), income(s), payment history/histories, and information about account balances and activity. I/we knowingly and voluntarily consent to the disclosure of my personal information to the following: any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my/our account; companies and/or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; and auditors, including but not limited to independent auditors, regulators, and agencies.
8. I/we consent to being contacted concerning this request for loss mitigation options at any home and/or cellular telephone number the servicer has on file.

\_\_\_\_\_  
Buyer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Buyer Signature

\_\_\_\_\_  
Date





### Fax Cover Sheet

Date faxed: \_\_\_\_\_

To: National Asset Mortgage, LLC  
Loss Mitigation  
Attention: Ken Free  
P.O. Box 1517  
Irmo, SC 29063

Fax Number: (803) 403 - 8708

From: \_\_\_\_\_

Attached or enclosed is my completed Loss Mitigation Application. I have included the following supporting documentation with my application for your consideration.

- ☐ Proof of Income Information
  - ☐ Paystub(s)
  - ☐ W2(s)
  - ☐ Tax Return(s)
- ☐ Homeowner Assistance Form
- ☐ Hardship Affidavit
  - ☐ Additional documentation for Hardship Affidavit
- ☐ Household Income and Expenses/Debt Form
- ☐ Acknowledgement and Agreement
- ☐ Other (Please describe)
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_

I am returning these documents by:

- ☐ Fax: (803) 403 -8708  
Loss Mitigation  
Attention: Ken Free
- ☐ Mail: National Asset Mortgage, LLC  
Loss Mitigation  
Attention: Ken Free  
P.O. Box 1517  
Irmo, SC 29063