

Homeowner Checklist

GET STARTED - Once you've had a chance to review your options, please use this checklist to ensure you have completed all the required forms and have the right information.

Step 1	Complete and sign the enclosed Mortgage Assistance Application		
	<input type="checkbox"/> Borrower Information: The primary and co-borrower, if applicable, must complete this section. <input type="checkbox"/> Property Information: Complete this section to give us an idea of the property status, as well as your intent with the property. <input type="checkbox"/> Hardship Information: An explanation of the financial hardship that has made it difficult for you to make your mortgage payment. <input type="checkbox"/> Borrower Income, Expenses and Assets: Provide a list of all incomes, expenses and assets for each borrower. You may also disclose income from a household member who is not on the promissory note, such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you elect to disclose and rely upon this income to qualify, the household member may be required to assume personal liability for repayment of the Mortgage. <input type="checkbox"/> Borrower Certification and Agreement: Your acknowledgement and agreement that all information provided is true and accurate.		
Step 2	Complete the Monthly Expense Worksheet		
	<input type="checkbox"/> Please provide documentation for each expense stated and the frequency of the expense (i.e., monthly, quarterly, etc.)		
Step 3	Gather the required documentation		
	<input type="checkbox"/> Gather the required hardship documentation reflected on Page 2 of the Mortgage Assistance Application. <input type="checkbox"/> Gather the required income documentation reflected on Page 3 of the Mortgage Assistance Application.		
Step 4	Send us your completed Mortgage Assistance Application		
	Mail: P.O. Box 341344 Beavercreek, OH 45434-1344	Fax: 937.912.8200	Email: LossMitigation@myCUMortgage.com

If you need assistance while completing your application, please contact us at 877.912.8006. Please keep a copy of all documentation that is provided as part of this application for your records. **Do not send original documents, copies are acceptable.**

Loan Number: _____

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to myCUMortgage via mail: P.O. Box 341344 Beaver Creek, OH 45434-1344, fax: 937.912.8200 or email: LossMitigation@myCUMortgage.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact myCUMortgage at 877.912.8006.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at 800.569.4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at 855.411.2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's name: _____

Social Security Number (last 4 digits): _____

Email 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): _____

Email 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

Property Information

Property Address: _____

Mailing address (if different from property address): _____

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 the ownership of the property to my 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 the 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)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	▪ Not required
<input type="checkbox"/> 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)	▪ Not required
<input type="checkbox"/> 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)	▪ Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	▪ Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	▪ Written statement from the borrower, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer / relocation	▪ For active-duty service members: Permanent Change of Station (PCS) orders or letter showing transfer ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship not covered above: _____ _____ _____ _____ _____	▪ Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<input type="checkbox"/> Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR <input type="checkbox"/> Two most recent bank statements showing income deposit amounts
Self-employment income	\$	<input type="checkbox"/> Two most recent bank statements showing self-employed income deposit amounts OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit/loss statement OR <input type="checkbox"/> Most recent complete and signed business tax return OR <input type="checkbox"/> Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	<input type="checkbox"/> No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<input type="checkbox"/> Two most recent bank statements showing deposit amounts OR <input type="checkbox"/> Award letter or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	<input type="checkbox"/> Two most recent bank statements showing deposit amounts OR <input type="checkbox"/> Award letters or other documentation showing the amount and frequency of benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	<input type="checkbox"/> Two most recent bank statements demonstrating receipt of rent OR <input type="checkbox"/> Two most recent deposited rent checks
Investment or insurance income	\$	<input type="checkbox"/> Two most recent investment statements OR <input type="checkbox"/> Two most recent bank statements supporting receipt of the income
Other sources of income not listed (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<input type="checkbox"/> Two most recent bank statements showing receipt of income OR <input type="checkbox"/> Other documentation showing the amount and frequency of the income

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:	\$

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance 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 Fannie Mae, Freddie Mac, or 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. 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, and (e) my payment history and information about my account balances and activity.
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: _____

Please submit your completed application, together with the required documentation, to myCUMortgage via mail: P.O. Box 341344 Beaver Creek, OH 45434-1344, fax: 937.912.8200 or email: LossMitigation@myCUMortgage.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive.

Monthly Expense Worksheet

Housing Expenses:	
Mortgage / Rent:	\$
Second Mortgage / Home Equity Line of Credit (HELOC):	\$
Property Taxes – If not Escrowed:	\$
Insurance – If not Escrowed:	\$
Homeowner Association Fees / Dues:	\$
Additional Mortgage Expenses	\$
Transportation Expenses:	
Number of vehicles:	
Monthly auto payment:	\$
Monthly auto insurance:	\$
Monthly fuel expense:	\$
Monthly maintenance, parking, tolls, etc.	\$
Debt Payments:	
Monthly Credit Card Payment:	\$
Monthly Installment Loan Payment:	\$
Monthly Student Loan Payment:	\$
Other / Miscellaneous Debt Payments:	\$
Utilities:	
Monthly Electric Payment:	\$
Monthly Gas Payment:	\$
Monthly Water / Sewer Payment:	\$
Monthly Trash Payment:	\$
Monthly Cable / Internet Payment:	\$
Monthly Phone (Cell / Landline) Payment:	\$
Other Monthly Utility Payments:	\$
Family Expense:	
Number of People in Household	
Monthly Child Care Expense:	\$
Monthly Alimony Payment:	\$
Monthly Child Support Payment:	\$
Monthly Health Insurance (Not deducted from pay):	\$
Monthly Life Insurance (Not deducted from pay):	\$
Monthly Medical Bills / Prescriptions:	\$
Monthly Grocery Expense:	\$
Monthly Entertainment / Dining Out Expense:	\$
Monthly Personal Care Expense:	\$
Monthly Donations / Tithes:	\$
Other Monthly Expenses:	\$