



Homeowner Checklist

myCUMortgage Mortgage Assistance Application

Please complete and return all pages of this application. Failure to return the complete application and supporting documentation will result in delays and may result in denial of assistance.

Ensure that the following sections are fully complete.

- Section 1 – Borrower Information
- Section 2 – Hardship Information
- Section 3 – Income & Asset Information
- Section 4 – Property Information
- Section 5 – Expense Information
- Section 6 – Acknowledgement & Agreement

Ensure that all supporting documentation detailed in the following sections is provided as well.

Please write your loan number at the top of each page in the area provided as well as on any supporting documentation that is provided with this application.

Please submit your completed application, together with the required documentation, to myCUMortgage via mail: P.O. Box 341344 Beavercreek, 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.

Section 1: Borrower Information

myCUMortgage Member Assistance
Phone: 877.912.8006
Email: MemberCare@myCUMortgage.com
Operation Hours
Mon-Fri: 8am – 8pm ET Sat: 9am – 1pm ET

Mortgage Loan Number:

IMPORTANT DISCLOSURE: At end of this application, you will be asked to sign and date the forms. By doing so, you are certifying that the information provided is truthful and accurate. Your loan will be reviewed for Loss Mitigation options available to you based on the investor and/or guarantor of the loan as well as the information you provide in this application.

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.

Member's Name: Email Address:	Social Security Number (last 4): ____ Cell Phone:	Home Phone: Work Phone:
Member's Name: Email Address:	Social Security Number (last 4): ____ Cell Phone:	Home Phone: Work Phone:
Member's Name: Email Address:	Social Security Number (last 4): ____ Cell Phone:	Home Phone: Work Phone:
Member's Name: Email Address:	Social Security Number (last 4): ____ Cell Phone:	Home Phone: Work Phone:

Property Address

Mailing Address (if different from Property Address)

Preferred contact method (select all that apply) Home Phone Cell Phone Work Phone Email Text Message (by checking this box, you are consenting to receive text messaging)

Is any Member on this application Yes No

- Active-Duty Military
- Deployed National Guard
- Dependent of a Member on Active Duty/Deployed National Guard
- Surviving Spouse of a Member of the military who was on active duty at the time of death

Section 2: Hardship Information

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Mortgage Loan Number:

The hardship causing payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (equal to or less than six months)
 Long-term or permanent (greater than six month)
 Resolved as of (date): _____

Type of Hardship (Check all that apply)	Required Hardship Documentation
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> No additional documentation required
<input type="checkbox"/> Reduction in income: A hardship that has caused a decrease in your income due to circumstance outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> No additional documentation 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)	<ul style="list-style-type: none"> No additional documentation required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower’s place of employment	<ul style="list-style-type: none"> No additional documentation required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> Written statement from the borrower, or other documentation verifying disability or illness <p>Note: Detailed medical information is not required, and information from a medical provider is not required</p>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Recorded quitclaim deed OR Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property

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<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ 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 (Please specify)	<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation AND ▪ Documentation verifying your stated hardship

Please provide an explanation of your hardship. If necessary, continue on a separate sheet of paper:

Section 3: Income & Asset Information

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Mortgage Loan Number:

Monthly Total Borrower Income Type & Amount		Required Income Documentation
<p>Wages paid to all Members</p> <p>This includes gross (pre-tax) wages, salaries and overtime pay, commissions, tips and bonuses</p>	<p>\$ _____</p>	<p>Thirty (30) days of paystubs reflecting year-to-date income, taxes and deductions OR</p> <p>Two (2) most recent complete bank statements, including blank pages, reflecting income deposit amounts</p>
<p>Self-Employment Income</p> <p>Please indicate the type of self-employed business:</p> <p><input type="checkbox"/> Independent Contract</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Liability Corporation (LLC)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> S-Corp</p> <p><input type="checkbox"/> Corporation</p>	<p>\$ _____</p>	<p>Two most recent bank statements reflecting self-employed income deposit amounts OR</p> <p>Most recent signed and dated quarterly or year-to-date profit/loss statement OR</p> <p>Most recent completed and signed business tax return OR</p> <p>Most recent completed and signed individual federal income tax return</p>
<p>Unemployment Benefit Income</p>	<p>\$ _____</p>	<p>Unemployment benefit statement reflecting frequency and duration of benefits OR</p> <p>Two (2) most recent complete bank statements, including blank pages, reflecting benefit income deposit amounts</p>
<p>Taxable Benefit Income</p> <p>This includes taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance and other public assistance</p>	<p>\$ _____</p>	<p>Award letters or other documentation showing amount and frequency of the benefits OR</p> <p>Two (2) most recent complete bank statements, including blank pages, reflecting income deposit amounts</p>
<p>Non-Taxable Benefit Income</p> <p>This includes non-taxable Social Security, disability income or other temporary aid programs</p>	<p>\$ _____</p>	<p>Award letters or other documentation showing amount and frequency of the benefits OR</p> <p>Two (2) most recent complete bank statements, including blank pages, reflecting income deposit amounts</p>
<p>Net Rental Income</p> <p>Rental income (rents received, less expenses other than mortgage expense)</p>	<p>\$ _____</p>	<p>Most recent federal tax return with all schedules, including Schedule E AND</p> <p>Copy of the current lease agreement AND</p> <p>Two (2) most recent complete bank statements, including blank pages, reflecting rental income deposit amounts</p>

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Mortgage Loan Number:

Investment or Insurance Income	\$ _____	Two (2) most recent investment statements AND Two (2) most recent complete bank statements, including blank pages, reflecting investment income deposit amounts
Child Support/Alimony/ Separate Maintenance Income Only include alimony, child support or separate maintenance income if you choose to have it considered for repaying this loan	\$ _____	
Other Income Please provide the source of income: _____	\$ _____	Documentation providing the duration and frequency of income AND Two (2) most recent complete bank statements, including blank pages, reflecting income deposit amounts

Is there any additional income received from a non-obligated contributor who lives in the household?
 Yes No

If yes, please provide the following information:	Contributor's Name: _____ Monthly Contribution Amount: \$ _____
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For any non-obligated contributor, the contributor must provide proof of income as shown above, evidence that they reside in the household (driver's license, state ID or utility bill) and provide a signed and dated contribution letter indicating the amount and frequency they contribute to the household.

Monthly Household Assets* – please provide combined totals for each account type	
Cash on hand	\$ _____
Checking account(s)	\$ _____
Savings/Money Market account(s)	\$ _____
Certificates of Deposit (CDs)	\$ _____
Stocks & Bonds (non-retirement)	\$ _____
Other Assets – please specify: _____	\$ _____

*Please provide the two most recent statements for each asset you have listed above.

Section 4: Property Information

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Mortgage Loan Number:

This property is	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home	<input type="checkbox"/> Full Time Rental/Investment
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This property is currently	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Vacant
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If the property is Tenant Occupied, please provide the terms of the lease	Monthly Rent: \$ _____ Lease End Date: _____
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I/We want to	<input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	<input type="checkbox"/> Transfer the Property to my Servicer <input type="checkbox"/> Undecided
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Is the Property currently listed for sale? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you received an offer on the property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the offer amount? \$ _____
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Monthly Mortgage Payment (First Mortgage)	\$ _____
Monthly Mortgage Payment (Home Equity/Second Mortgage)	\$ _____
Monthly Property Taxes (if not paid via Escrow)	\$ _____
Monthly Homeowner Insurance (if not paid via Escrow)	\$ _____
Monthly Homeowner / Condominium Association Fees	\$ _____

Additional Property 1:
 Property Address:
 Mortgage Servicer, if applicable:
 Monthly Mortgage Payment \$ _____
 Monthly Property Taxes (if not Escrowed) \$ _____
 Monthly Homeowner Insurance (if not Escrowed) \$ _____
 Monthly Homeowner/Condominium Association Fees \$ _____

This Property is	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal Home
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Additional Property 2:
 Property Address:
 Mortgage Servicer, if applicable:
 Monthly Mortgage Payment \$ _____
 Monthly Property Taxes (if not Escrowed) \$ _____
 Monthly Homeowner Insurance (if not Escrowed) \$ _____
 Monthly Homeowner/Condominium Association Fees \$ _____

This Property is	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Vacant <input type="checkbox"/> Seasonal Home
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Section 5: Household Expense Information

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Mortgage Loan Number:

Number of individuals living in the household: Adults _____ Children _____

Number of automobiles in the household, including those with no monthly payment: _____

Monthly Household Assets – please provide combined totals for each account type

Automobile Payments:	\$ _____	Credit Card Payments:	\$ _____
Automobile Insurance:	\$ _____	Installment Loan Payments:	\$ _____
Other Automobile Expenses: (i.e., maintenance, fuel, parking, etc.)	\$ _____	Student Loan Payments:	\$ _____
Child Care:	\$ _____	Utilities – Electric	\$ _____
Child Support:	\$ _____	Utilities – Natural Gas	\$ _____
Alimony:	\$ _____	Utilities – Trash	\$ _____
Life Insurance:	\$ _____	Utilities – Water/Sewer	\$ _____
Health Insurance: (if not withheld from pay)	\$ _____	Utilities – Home/Cell Phone:	\$ _____
Medical Expenses:	\$ _____	Utilities – Cable	\$ _____
Food Related Expenses: (i.e., groceries dining out, etc.)	\$ _____	Utilities – Internet	\$ _____

Section 6: Acknowledgment & Agreement

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Mortgage Loan Number:

1. I certify and acknowledge that all 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: _____

Co-borrower signature*: _____ Date: _____

Co-borrower signature*: _____ Date: _____

*BY TYPING YOUR SIGNATURE, YOU ARE RECOGNIZING AND ACKNOWLEDGING IT AS YOUR HANDWRITTEN SIGNATURE.