

## Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Bank of America, N.A. via mail: 6860 Argonne St, Unit A, HRM Home Retention, Denver, CO 80249, fax: 866.580.9307, or online: [bankofamerica.com/homeloanhelp](http://bankofamerica.com/homeloanhelp). 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 Bank of America, N.A. at 800.669.6650.

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 [hud.gov/counseling](http://hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at 855.411.2372 or [consumerfinance.gov/mortgagehelp](http://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): \_\_\_\_\_

E-mail 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): \_\_\_\_\_

E-mail 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 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 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) \_\_\_\_\_
- I am able to resume or continue making the contractual monthly payment.

**\*\*If you have previously received a bankruptcy discharge of your personal obligation to pay the debt associated with this home loan, you are not personally liable for the contractual monthly payment referenced above. If you are in an active bankruptcy case, you may want to consult with your bankruptcy attorney for potential impacts specific to your case.**

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	Provide documentation of unemployment, which may include: <ul style="list-style-type: none"> <li>Award letters or other supporting documentation</li> </ul>
<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)	Provide documentation that supports how this hardship has caused a loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>Other similar documentation</li> </ul>
<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)	Provide documentation that supports how this hardship has caused an increase in living expenses Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>Bank statements</li> <li>Bills/Invoices</li> </ul> OR <ul style="list-style-type: none"> <li>Other similar documentation</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment. Includes personal disaster in which the property experienced an insurable loss.	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>Bank statements</li> <li>Bills/Invoices</li> <li>Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>Other similar documentation</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>Bank statements</li> <li>Bills/Invoices</li> <li>Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>Other similar documentation</li> </ul>

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Divorce or legal separation	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>• Bank statements</li> <li>• Bills/Invoices</li> <li>• Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>• Other similar documentation</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>• Bank statements</li> <li>• Bills/Invoices</li> <li>• Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>• Other similar documentation</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>• Bank statements</li> <li>• Bills/Invoices</li> <li>• Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>• Other similar documentation</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>• Bank statements</li> <li>• Bills/Invoices</li> <li>• Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>• Other similar documentation</li> </ul>
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____	Provide documentation that supports how this hardship has caused an increase in living expenses or loss of income Documentation supporting hardship reason may include: <ul style="list-style-type: none"> <li>• Bank statements</li> <li>• Bills/Invoices</li> <li>• Pay stubs demonstrating reduction of income</li> </ul> OR <ul style="list-style-type: none"> <li>• Other similar documentation</li> </ul>

## 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	\$	<ul style="list-style-type: none"> <li>• Most recent pay stub and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>• Two most recent bank statements showing income deposit amounts</li> </ul>

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Self-employment Income	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</b></li> <li>Most recent complete and signed business tax return <b>OR</b></li> <li>Most recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>Most recent bank statement showing deposit amounts <b>AND</b></li> <li>Award letters or other documentation showing the amount, duration and frequency of the benefits</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>Two most recent deposited rent checks</li> </ul>
Investment or insurance income	\$	<ul style="list-style-type: none"> <li>Two most recent investment statements <b>OR</b></li> <li>Two most recent bank statements supporting receipt of the income</li> </ul>
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing receipt of income <b>OR</b></li> <li>Other documentation showing the amount and frequency of the income</li> </ul>

<b>Borrower Income Details</b>		
Please indicate whether or not your income is received for the full 12 months. (For example: "I am a teacher and receive my pay over 9 months instead of 12 months.")		
I receive the income listed over the full 12 months (please mark "Yes" or "No"):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no above, please indicate the total number of months you receive this income (1-11):	_____ Mo(s)	
<b>Co-Borrower Income Details</b>		
Please indicate whether or not your income is received for the full 12 months. (For example: "I am a teacher and receive my		

pay over 9 months instead of 12 months.”)		
I receive the income listed over the full 12 months (please mark “Yes” or “No”):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no above, please indicate the total number of months you receive this income (1-11):	_____ Mo(s)	
<p><b>Please note:</b> If the income of a non-borrower household member is offered to qualify for the modification, the FHA-HAMP program requires that each such non-borrower assume personal liability for the modified loan, as well as sign the permanent modification documents. The assumption will only occur if the Trial Period Plan is successfully completed, and the permanent modification documents are signed and returned in the time required.</p>		

## 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

- 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.
- 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.
- 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.
- I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower. I further consent to the servicer obtaining and using tax return and tax transcript information to determine or confirm my eligibility for mortgage assistance.
- The Servicer, applicable federal and state government entities, the owner, insurer, and guarantor of my mortgage loan, and their respective agents, may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate federal or other applicable law.
- If I have intentionally defaulted on my existing mortgage or engaged in fraud, or if any statement or information in the documents that I provide is deemed materially false and that I was ineligible for assistance, the Servicer or its agents, may terminate my participation, including any right to future benefits and incentives that otherwise would have been available and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives that I previously received.
- I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
- I further 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 Other Loan Participants that deal with my first lien or subordinate lien (if applicable) mortgage loan(s). The term Other Loan Participants includes Fannie Mae, Freddie Mac, or any actual or potential investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, and their respective successors and assigns. This consent is given for purposes of servicer and Other Loan Participants determining or confirming my eligibility for mortgage assistance, for the marketing, selling, securitizing, auditing,

insuring and servicing of the loan, and for any other purpose 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, (e) my payment history and information about my account balances and activity, and (f) my tax return and any related tax transcript information.

9. 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.
10. 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 Bank of America, N.A. via mail: 6860 Argonne St, Unit A, HRM Home Retention, Denver, CO 80249, fax: 866.580.9307, or online: [bankofamerica.com/homeloanhelp](http://bankofamerica.com/homeloanhelp). 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 provided to help us identify the assistance you may be eligible to receive.**