

**Hardship Affidavit**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options.

Date Hardship Began: 03/01/2018

I believe my situation is  <input type="checkbox"/> Short-Term (under 6 months) <input checked="" type="checkbox"/> Medium-Term (6-12 months) <input checked="" type="checkbox"/> Long-Term or Permanent Hardship (greater than 12 months)	
I am having difficulty making my monthly payment because of reason set forth below: (Please check the primary reason and submit required documentation demonstrating your primary hardship)	
If Your Hardship is:  <input type="checkbox"/> Unemployment	Then the Required Hardship Documentation is:  <input type="checkbox"/> Unemployment Affidavit (Enclosed) - Only required for FHA, FNMA, FHLMC loans; Or <input type="checkbox"/> 3rd Party documentation reflecting receipt of unemployment benefits - Only required for FHA, FNMA, and FHLMC loans.  <input type="checkbox"/> No hardship documentation required  **Documentation is required for FHA files - see attached document checklist for further information
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)	<input type="checkbox"/> No hardship documentation required  **Documentation is required for FHA files - see attached document checklist for further information
Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required  **Documentation is required for FHA files - see attached document checklist for further information
Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce Decree Signed by the court; Or <input type="checkbox"/> Separation agreement signed by the court; Or <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; Or, <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or Co-Borrower has relinquished all rights to the property. <input type="checkbox"/> Death Certificate; Or <input type="checkbox"/> Obituary or newspaper article reporting the death
Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); Or <input type="checkbox"/> Written statement of other documentation verifying disability or illness; Or <input type="checkbox"/> Doctor's certificate of illness or disability; Or <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information
Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Insurance Claim; Or <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; Or; <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> For active-duty service members: <input type="checkbox"/> Notice of Permanent Change of Station (PCS) or actual PCS Orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; Or <input type="checkbox"/> Pay stub from new employer. In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders)
Distant employment transfer / Relocation	<input type="checkbox"/> Tax Return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; Or <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; Most recent signed and dated quarterly or year-to-date profit and loss statement
Business Failure	<input type="checkbox"/> Tax Return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; Or <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; Most recent signed and dated quarterly or year-to-date profit and loss statement
Other: A Hardship that is not covered above	<input checked="" type="checkbox"/> Bernadette diagnosed with cancer and had to undergo medical procedure Written explanation describing the details of the hardship and relevant documentation