# Loss Mitigation Package Submission Checklist

Use this form to ensure that you submit all the documentation required for us to review and process your Loss Mitigation request. Failure to return all documentation listed below will result in the denial of your application.

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	Loss Mitigation Package
	This package must be completed in its entirety including signatures
	Proof of Income for all borrowers and non-borrower household contributors
	Select the item(s) below that apply:
	o Pay check Stubs
	Provide copies of all paystubs for most recent 30 day period
	o Child Support Income
	Provide a copy of your most recent ORS statement or divorce decree reflecting
	the award of child support
	Unemployment Income  Provide a serve of a prescal letter reflecting weekly allettered and and and a server and a serv
	Provide a copy of approval letter reflecting weekly allotment amount and
	start/end date information.  O Disability Income
	<ul> <li>Disability Income</li> <li>Provide a copy of approval letter reflecting weekly/monthly allotment amount</li> </ul>
	and start/end date information.
	Rental Income
	Provide a copy of signed rental agreement reflecting weekly/monthly allotment
	amount and start/end date information.
	<ul> <li>Other Income – specify</li> </ul>
	Copies of your 2 most recent personal bank statements
	Submit copies of statements for ALL open personal bank accounts.
	Copies of your 2 most recent years filed tax forms
	Submit copies of filed tax forms for all borrowers.
	Documentation of reason for default
	Copies of disability form, medical bills/doctor orders, unemployment approval letter,
	etc.
If self-	employed, in addition to the above items, please provide copies of:
	Signed year-to-date Profit and Loss Statement
	Copies of your 2 most recent business bank statements

Submit copies of statements for ALL open business bank accounts.

# **Loss Mitigation Application and Request for Financial Information**

Borr	ower	Co-Bo	orrower		
First Name	Last Name	First Name	Last Name		
Social Security Number	I.	Social Security Number			
Email Address		Email Address			
Mailing Address		Mailing Address			
Home Phone	Cell Phone	Home Phone	Cell Phone		
Best Time to Call	I	Best Time to Call			
Have you ever filed Bankruptcy?		Have you ever filed Bankruptcy?			
Yes No		Yes No			
If yes, Cha	pter & Date	If yes, Cha	If yes, Chapter & Date		
Chapter:	Date:	Chapter: Date:			
Did you	reaffirm?	Did you reaffirm?			
Yes	No	Yes No			
Employer Name		Employer Name			
Employer Phone	Years on this job	Employer Phone	Years on this job		
section 2: Reason(s) for D	<b>Delinquency</b> Stances that led you to be	ecome delinquent in your n			

## **Section 3: Current Property Condition**

Please explain any immediate repairs that are necessary (plumbing leaks, broken windows, rood damage, etc.). Please do not include cosmetic repairs.
Section 4: Action Plan / Credit Counseling
Please explain the steps you have taken to establish a long term budget and how you expect to make timely, full monthly mortgage payments in the future.
Section 5: Cash on Hand / Savings
Please list how much money you have currently on hand / saved to begin making payments.

## **Section 6: Occupancy Information**

Please answer the following questions about the occupancy of the property.

Is the property	vacant?	If yes, vacancy date	Is the property be	ing rented?	Tenant Name
Yes	No		Yes	No	

### **Section 7: Household Members**

Please include borrower, co-borrower, and ALL individuals that live in the home.

Name	Age	Name	Age

### **Section 8: Assets**

List the estimated value, amount owed, and net value of all assets.

Description	Estimate Value	Amount Owed	Net Value
Home (subject property)			
Checking			
Personal Savings			
Other Properties			
Boat / RV			
Autos			
IRA / 401K			
Stocks / Bonds / CDs			
Other:			
Other:			
Other:			
Total:			

### **Section 9: Monthly Income**

List the monthly NET income (amount you receive after deductions) for each borrower and all other income sources that apply.

Description	Borrower Income	Co-Borrower Income	Total
NET Salary / Wages			
Overtime Pay			
Commissions / bonuses			
Unemployment			
Disability			
Alimony / Child Support			
Rents Received			
Other1:			
Other2:			
Total:			

## **Section 10: Paycheck Frequency**

Circle the paycheck frequency for each borrower

Individual	Pay Day Frequency			
Borrower	Every 2 Weeks Monthly		Twice a month	Weekly
Co-Borrower	Every 2 Weeks	Monthly	Twice a month	Weekly

# Section 11: Paycheck History

List all paychecks received during the most recent month for each borrower.

Date	Source	Net Amount	Paid to	
			Borrower	Co-borrower
		_	Borrower	Co-borrower

## **Section 12: Liabilities & Expenses**

Description	Outstanding Balance	# Months Behind	Monthly Payment
VMLS 1st Mortgage			
2nd Mortgage			
Liens (subject to property)			
Other Properties			
Boat/ RV			
Autos			
Credit Card1			
Credit Card2			
Credit Card3			
Credit Card4			
Personal Loans			
HOA Fees			
Medical			
Child Care			
Utilities			
Cell Phone			
Food			
Entertainment			
Clothes			
Gas			
Auto Maintenance			
Other:			
Other:			
Total:			

### **Section 13: Expense to Income Summary**

Use this section to calculate your total monthly surplus or shortage amount.

Line #	Item and Section	Total Amount
1	Write "Total Monthly Income" from section 9	
2	Write "Total Debts & Expenses" from section 12	

If line 1 is greater than line 2, subtract line 2 from line 1	TOTAL SURPLUS:	
	•	
If line 2 is greater than line 1, subtract line 1 from line 2	TOTAL SHORTAGE:	

### **Section 14: Authorization and Acknowledgment**

I have described my current financial condition and I certify that all information presented herein as well as all attachments are true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obliges Volunteer Mortgage Loan Servicing to provide assistance to me. By signing this application, I hereby authorize Volunteer Mortgage Loan Servicing to: 1) Order a credit report from any credit reporting agency; 2) Verify, when deemed necessary, any current or previous employment, bank accounts, tax returns or assets; 3) Release any and all information concerning the above. I therefore agree that if it is determined that the information provided herein has been misrepresented by me and such misrepresentations have induced action by VMLS, Investor or Insurer that would not have taken, had the true facts been known; I shall be liable for any or all losses or damages suffered by VMLS, Investor or Insurer. I understand that VMLS may request additional documentation as deemed necessary to process my loss mitigation request.

Borrower's Name (Print)	Co-borrower's Name (Print)
Borrower's Signature	Co-borrower's Signature
Date	Date

# **Non-Borrower Household Contributions**

# **Section 15: Non-borrower Household Contributor Information**

Contributer 1

First Name	Last Name	First Name	Last Name
Social Security Number		Social Security Number	
Email Address		Email Address	
Mailing Address		Mailing Address	
Home Phone	Cell Phone	Home Phone	Cell Phone
Best Time to Call		Best Time to Call	
Employer Name		Employer Name	
Employer Phone	Years on this job	Employer Phone	Years on this job
Do you currently reside i	n and intend to continue	to reside in this property full	time?
	ome you contribute to the	e expense of the household a to do so for the foreseeable	
100% of my income:	Other amount: _		
Section 18: Contributor Please list how much mo		n hand / saved to begin mak	ing payments.

Contributer 2

### **Section 19: Contributors Assets**

List the estimated value, amount owed, and net value of all assets.

Description	Estimate Value	Amount Owed	Net Value
Home (not subject property)			
Checking			
Personal Savings			
Other Properties			
Boat / RV			
Autos			
IRA / 401K			
Stocks / Bonds / CDs			
Other:			
Other:			
Other:			
Total:			

### **Section 20: Contributors Monthly Income**

List the monthly NET income (amount you receive after deductions) for each non-borrower contributor and all other income sources that apply.

Description	Contributor 1 Income	Contributor 2 Income	Total
NET Salary / Wages			
Overtime Pay			
Commissions / bonuses			
Unemployment			
Disability			
Alimony / Child Support			
Rents Received			
Other1:			
Other2:			
Total:			

### **Section 21: Paycheck Frequency**

Circle the paycheck frequency for each non-borrower contributor.

Individual	Pay Day Frequency			
Contributor 1	Every 2 Weeks   Monthly   Twice a month   Weekly			Weekly
Contributor 2	Every 2 Weeks	Monthly	Twice a month	Weekly

# **Section 22: Paycheck History**

List all paychecks received during the most recent month for each non-borrower contributor.

Date	Source	Net Amount	Pai	id to
			Contributor	Contributor 2
			Contributor	Contributor 2
			Contributor	Contributor 2
			Contributor	Contributor 2
			Contributor	Contributor 2
			Contributor	Contributor 2
			Contributor	Contributor 2
		_	Contributor	Contributor 2

Section 23: Contributor Liabilities & Expenses (not included on Borrower Liabilities & Expenses)

Description	Outstanding Balance	# Months Behind	<b>Monthly Payment</b>
Other Mortgages			
Other Mortgages			
Liens (subject to other property)			
Other Properties			
Boat/ RV			
Autos			
Credit Card1			
Credit Card2			
Credit Card3			
Credit Card4			
Personal Loans			
HOA Fees			
Medical			
Child Care			
Utilities			
Cell Phone			
Food			
Entertainment			
Clothes			
Gas			
Auto Maintenance			
Other:			
Other:			
Total:			

### **Section 24: Contributor Expense to Income Summary**

Use this section to calculate your total monthly surplus or shortage amount.

Line #	Item and Section	Total Amount
1	Write "Total Monthly Income" from section 9	
2	Write "Total Debts & Expenses" from section 12	

If line 1 is greater than line 2, subtract line 2 from line 1	TOTAL SURPLUS:	
If line 2 is greater than line 1, subtract line 1 from line 2	TOTAL SHORTAGE:	

### Section 25: Contributor Authorization and Acknowledgment

I have described my current financial condition and I certify that all information presented herein as well as all attachments are true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obliges Volunteer Mortgage Loan Servicing to provide assistance to me. By signing this application, I hereby authorize Volunteer Mortgage Loan Servicing to: 1) Order a credit report from any credit reporting agency; 2) Verify, when deemed necessary, any current or previous employment, bank accounts, tax returns or assets; 3) Release any and all information concerning the above. I therefore agree that if it is determined that the information provided herein has been misrepresented by me and such misrepresentations have induced action by VMLS, Investor or Insurer that would not have taken, had the true facts been known; I shall be liable for any or all losses or damages suffered by VMLS, Investor or Insurer. I understand that VMLS may request additional documentation as deemed necessary to process my loss mitigation request.

Contributor's Name (Print)	Contributor 2's Name (Print)
Contributor's Signature	Contributor 2's Signature
Date	Date

#### HELP FOR AMERICA'S HOMEOWNERS.



### **Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature	Date
Co-Borrower Signature	Date