

## LOSS MITIGATION APPLICATION

### COMPLETE ALL PAGES OF THIS FORM

See instructions page for numbered boxes at the end of this application.

Loan Number: \_\_\_\_\_ Servicer: Caliber Home Loans, Inc.

| BORROWER {1}  | CO-BORROWER {2}  |
|---|--|
| Borrower's Name   | Co-Borrower's Name   |
| Social Security No.                      Date of Birth  | Social Security No.                      Date of Birth   |
| Home phone number with area code  | Home phone number with area code   |
| Cell number with area code  | Cell number with area code   |
| Work number with area code  | Work number with area code   |
| Email Address: <input type="checkbox"/> Please check this box if you would like to receive loan modification status and missing document information via email.   | Email Address: <input type="checkbox"/> Please check this box if you would like to receive loan modification status and missing document information via email.  |
| {3} Mailing address:  |  |
| Property address (if same as mailing address, check same) <input type="checkbox"/> Same   |  |
| <p>{4} I want to:                      <input type="checkbox"/> Keep the Property                      <input type="checkbox"/> Vacate the property                      (check all that apply)</p> <p>The property is my:                      <input type="checkbox"/> Primary Residence                      <input type="checkbox"/> Second Home                      <input type="checkbox"/> Investment</p> <p>The property is:                      <input type="checkbox"/> Owner Occupied                      <input type="checkbox"/> Renter Occupied                      <input type="checkbox"/> Vacant</p> <p>If the property is not currently vacant, do you have plans to vacate the property within 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |
| <p>{5}</p> <p>Is the property listed for sale? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If No, proceed to section (6)</p> <p>Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer:                      Amount of offer: \$ _____</p> <p>Agent's Name? _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  | <p>{6}</p> <p>Have you contacted a housing-counseling agency for help?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Counselor's Name:</p> <p>Agency Name:</p> <p>Counselor's Phone Number:</p> <p>Counselor's E-mail:</p> |

|   |   |
|---|---|
| <p><b>{7} Who pays the real estate tax bill on your property?</b><br/> <input type="checkbox"/> I do    <input type="checkbox"/> Lender does    <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current?            <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA fees?    <input type="checkbox"/> Yes        <input type="checkbox"/> No</p> <p>If yes: \$ _____</p> <p>Homeowners Association Name (HOA):<br/> _____</p> <p>Paid to: _____</p> | <p><b>{8} Who pays the hazard insurance premium for your property?</b><br/> <input type="checkbox"/> I do    <input type="checkbox"/> Lender does    <input type="checkbox"/> Paid by condo or HOA</p> <p>Is the policy current?            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Name of Insurance Co.: _____</p> <p>Insurance Co. Tel #: _____</p> |
|---|---|

**{9} Bankruptcy**  
Have you filed for bankruptcy?                     Yes     No If yes:  Chapter 7  Chapter 11  Chapter 12  Chapter 13  
Filing Date: \_\_\_\_\_  
Has your bankruptcy been discharged?     Yes     No      Bankruptcy case number: \_\_\_\_\_

**{10} Additional Liens/Mortgages or Judgments on this property:**

| Lien Holder's Name/Servicer | Balance | Contact Number | Loan Number |
|-----------------------------|---------|----------------|-------------|
|                             |         |                |             |
|                             |         |                |             |

**{11} HARDSHIP INFORMATION/STATEMENT**  
I am requesting review under your loss mitigation program.  
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 having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

|   |  |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.                    |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.                             | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |

Hardship Detail (Please give a short description of your hardship situation):

**COMPLETE ALL PAGES OF THIS FORM**  
**See instructions page for numbered boxes at the end of this application.**

**{12}**  
 Are you self-employed?                     Yes    No **(please check one)**  
 Are you a teacher?                          Yes    No **(please check one)**  
 If yes, do your paychecks consist of a  10 month salary OR  12 month salary? **(please check one)**

**{13}**  
 A Formal Repayment Plan requires a down payment of 50% of your unpaid past due debt. Do you have funds\* that Caliber can consider in evaluating you for a Formal Repayment Plan?    **Yes / No (please circle one)**  
  
 \* Funds include checking or savings accounts, cash, and other liquid assets. Funds do not include retirement accounts.  
  
**If "Yes", what are the total funds? \$ \_\_\_\_\_**

| <b>{14} Income<sup>1</sup></b>  |    | <b>Assets</b>                            |    | <b>Expenses</b>   |    |   |
|---|----|--|----|---|----|---|
| <input type="checkbox"/> Monthly Income                               | \$ | {25} Checking Account(s)                 | \$ | {36} First Mortgage Payment   | \$ |   |
| <input type="checkbox"/> Bi-Weekly Income                             | \$ | {26} Checking Account(s)                 | \$ | {37} Second Mortgage Payment  | \$ |   |
| <input type="checkbox"/> Semi-Monthly Income                          | \$ | {27} Savings/ Money Market               | \$ | {38} Rental Property Mortgage Payment                                     | \$ |   |
| <input type="checkbox"/> Weekly Income                                | \$ | {28} CDs                                 | \$ | {39} Borrower Paid Homeowner's Insurance                                  | \$ | ( )Monthly<br>( )Quarterly<br>( )Annually |
| {15} Overtime/Bonus   | \$ | {29} Stocks/ Bonds                       | \$ | {40} Borrower Paid Real Estate Taxes                                      | \$ | ( )Monthly<br>( )Quarterly<br>( )Annually |
| {16} Commission   | \$ | {30} Other Cash on Hand                  | \$ | {41} HOA/Condo Fees   | \$ | ( )Monthly<br>( )Quarterly<br>( )Annually |
| {17} Social Security Income   | \$ | {31} Other Real Estate (estimated value) | \$ | {42} Credit Cards / Installment Loan(s) (total minimum payment per month) | \$ |   |
| {18} Disability Income  | \$ | {32} Other:                              | \$ | {43} Alimony, child support payments                                      | \$ |   |
| {19} Rental Income  | \$ | {33} Other:                              | \$ | {44} Net Rental Expenses  | \$ |   |
| {20} Unemployment Income  | \$ | {34} Other:                              | \$ | {45} Car Payments   | \$ |   |
| {21} Child Support/Alimony/Separation Maintenance Income <sup>2</sup> | \$ | <b>{35} Total Assets:</b>                | \$ | {46} Food / Groceries   | \$ |   |
| {22} Non-Borrower Contribution to Household Income                    | \$ |  |    | {47} Utilities (Water / Electricity / Gas / Trash)                        | \$ |   |
| {23} Public Assistance <sup>3</sup>                                   | \$ |  |    | {48} Automobile Gas/Insurance   | \$ |   |
| <b>{24} Total (Gross Income)</b>                                      | \$ |  |    | {49} Other  | \$ |   |
|   |    |  |    | <b>{50} Total Expenses</b>  | \$ |   |

**ALL INCOME MUST BE DOCUMENTED**

<sup>1</sup> Include combined monthly income and expenses from the borrower and co-borrower (if any).

<sup>2</sup> You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

<sup>3</sup> You are not required to disclose Public Assistance income, unless you choose to have it considered by your servicer.

**LOSS MITIGATION APPLICATION  
ACKNOWLEDGMENT AND AGREEMENT**

*In making this request for consideration under your loss mitigation program, I certify under penalty of perjury:*

That all of the information in this document is truthful and the event(s) identified on page one is/are the reason that I need to request a change to the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.

I understand that the Servicer, \_\_\_\_\_, or its agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate the law.

I understand that the Servicer will obtain a current credit report on all borrowers obligated on the Note.

I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any loss mitigation agreement and may pursue foreclosure on my home.

I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.

I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.

I am willing to commit to housing counseling if it is determined that my financial hardship is related to excessive debt.

I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any loss mitigation agreement to any third party that needs this information to process this application, including but not limited to: any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate liens (if applicable) mortgage loan(s); any companies that perform support services in conjunction with my mortgage; any HUD-certified housing counselor; and government regulators.

By providing my phone number, I consent to being contacted via voice call, text message, or pre-recorded message by Caliber Home Loans, Inc. or its authorized third party through an automated dialing system regarding my account at any telephone number, including mobile telephone number, I have provided.

**{51}**

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

### Instructions for Completing the Loss Mitigation Application

The numbers for each item below correspond to the same numbers in the form above.

- {1} The borrower section must include information on the person whose name is on the "Note" for the mortgage loan.
- {2} The co-borrower is a second person on the Note for the mortgage loan. Do not fill out this section for someone who is not obligated on the Note for the mortgage loan.
- {3} Please provide a mailing address and a residential "Property" address if different. The Property address should correspond to the mortgage for which you are submitting a Loss Mitigation Application.
- {4} For this section you should choose one option for each question.
- {5} If your Property is not listed for sale, you do not need to fill out the rest of Section 5. Only include offers for sale that you received in the past year.
- {6} HUD-approved counselors are available free of charge and can be located on the HUD website at [www.HUD.gov](http://www.HUD.gov).
- {7} If your real estate taxes are part of the monthly payment that you make to your servicer, select "lender does." "HOA" means Homeowner's Association.
- {8} If your hazard insurance premium is part of the monthly payment that you make to your servicer, select "lender does." "HOA" means Homeowner's Association.
- {9} The filing date indicates when you officially filed for bankruptcy. Only check the "yes" box for a discharged bankruptcy if you received a discharge from bankruptcy.
- {10} Additional liens include second (or third) mortgages and home equity lines of credit.
- {11} Please provide approximate dates pertaining to your hardship and select box that most closely represents the hardship duration. Then select as many hardships as apply to your situation and use the additional Hardship Detail section to explain your hardship.
- {12} Check one answer for each question.
- {13} Indicate amount of total funds to be evaluated for a Formal Repayment Plan.
- {14} Indicate and check frequency. Include gross wages, which are what you receive before taxes. Use your most current pay stub to find this amount.
- {15} This amount should be listed on a current pay stub.
- {16} This amount can be listed on a current pay stub or on a separate pay stub from wages.
- {17} Only include if you are collecting SSI (Social Security Income)
- {18} Only include if you are collecting Disability income.
- {19} Only include rental income if used as part of your overall income. Include current lease agreement or most recent tax return and most recent one month bank statement showing receipt of payment.
- {20} Report any unemployment income.
- {21} If you receive child support, alimony, or separation maintenance income, you are not required to report it.
- {22} Include income contributed to the Household from Non-Borrowers.
- {23} Report the amount indicated on your benefits letter, including Public Assistance (food stamps and welfare). For Social Security, Disability, or Pension, a copy of your award letter must be provided or most recent one month bank statement showing receipt of payment. For Public Assistance, a copy of your award letter must be provided or most recent one month transaction activity.
- {24} Add all amounts in income column (boxes 14-23) and report sum.
- {25} – {27} Report amounts for all accounts, if applicable.
- {28} "CDs" means certificates of deposit.
- {29} – {30} Report amounts for all accounts, if applicable.
- {31} Include estimated value for all other properties owned.
- {32} – {34} Report any other assets other than the value of life insurance or retirement plans, such as 401K, pension funds, IRAs.
- {35} Add all amounts in assets column (boxes 25-34) and report sum.
- {36} This amount can be found on your statement for your first mortgage.
- {37} If applicable, this amount can be found on the statement for your second mortgage or home equity lines of credit.
- {38} If applicable, this amount can be found on the statement for your rental property.
- {39} This refers only to homeowner's insurance and should be reported only if you pay this yourself.
- {40} Only report these taxes if you pay them yourself.
- {41} "HOA" means Homeowners Association.
- {42} Add all credit cards and installment payments and report sum here.
- {43} If you are responsible for paying child support or alimony, you must report the amount here.
- {44} Report amount if your total rental income does not cover your total rental expenses.
- {45} Include car payments only if you are the owner of the vehicle.
- {46} Include all household food expenses.
- {47} Include all expenses for utilities (water, gas, electricity, trash).
- {48} Include all expenses for automobile gas and insurance.
- {49} Include any other pertinent household expenses.
- {50} Add all amounts in expense column (boxes 36-49) and report sum.
- {51} Please be sure to read the entire Loss Mitigation Application Acknowledgement and Agreement before signing.



**CALIBER**  
HOME LOANS

FOR RETURN SERVICE ONLY  
Please do not send mail to this address  
P.O. Box 619063

USE AS INCOME VERIFICATION FOR CALIBER LOAN # 9803634006

BORROWER NAME: \_\_\_\_\_

LETTER OF VERIFICATION:  
CONTRIBUTION TO HOUSEHOLD INCOME

Date \_\_\_\_\_

To: Caliber Home Loans, Inc.

This letter is written to state that I, \_\_\_\_\_, contribute monthly household income in the amount of \$ \_\_\_\_\_ per month. My relationship to your current borrower is \_\_\_\_\_ . I have attached 2 months of my most recent income documentation to verify the source of the income. I state that this information provided is correct and to the best of my knowledge.

Respectfully,

\_\_\_\_\_  
*Signature Required*

Lender: Caliber Home Loans, Inc.

Borrower:

Re: Caliber Loan Number:

Date:

**TAXPAYER CONSENT FORM**

I/we understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from my/our loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_