



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) Same

{4} I want to: Keep the Property Sell the property Vacate the property (check all that apply)

The property is my: Primary Residence Second Home Investment

The property is: Owner Occupied Renter Occupied Vacant

{5}

Is the property listed for sale? Yes No

If No, proceed to section (6)

Have you received an offer on the property? Yes
 No

Date of offer: _____ Amount of offer: \$ _____

Agent's Name? _____

Agent's Phone Number: _____

{6}

Have you contacted a housing-counseling agency for help? Yes No

If yes, please complete the following:

Counselor's Name:

Agency Name:



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

{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 STATEMENT**
 I am requesting review under your loss mitigation program.
 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):

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{12} Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (please check one) Are you a teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No (please check one) If yes, do your paychecks consist of a <input type="checkbox"/> 10 month salary OR <input type="checkbox"/> 12 month salary? (please check one)						
{13} Number of People in Household:						
{14} Income ¹		Assets		Expenses		
<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 ()Quarterly ()Annually
{15} Overtime/Bonus	\$	{29} Stocks/ Bonds	\$	{40} Borrower Paid Real Estate Taxes	\$	()Monthly ()Quarterly ()Annually
{16} Commission	\$	{30} Other Cash on Hand	\$	{41} HOA/Condo Fees	\$	()Monthly ()Quarterly ()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 ²	\$	{35} Total Assets:	\$	{46} Food / Groceries	\$	
{22} Non-Borrower Contribution to Household Income	\$			{47} Utilities (Water / Electricity / Gas / Trash)	\$	
{23} Public Assistance ³	\$			{48} Housekeeping Supplies	\$	
{24} Total (Gross Income)	\$			{49} Apparel & Services	\$	
				{50} Personal care products & services	\$	
				{51} Automobile Gas/Insurance	\$	
				{52} Other/Miscellaneous	\$	
				{53} Total Expenses	\$	

INCOME MUST BE DOCUMENTED

- ¹ Include combined monthly income and expenses from the borrower and co-borrower (if any).
- ² You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.
- ³ 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 modification of 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 pull 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 telephone 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.

{54} _____
Borrower Signature

Date

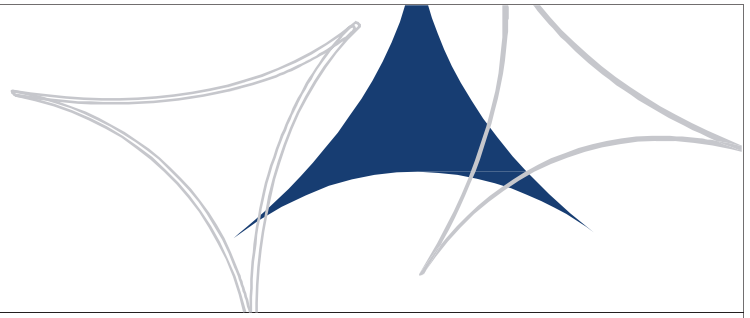
Co-Borrower Signature

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 7. 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.
- {7} If your real estate taxes and property insurance 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 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 the number of people in your household who contribute to the total income.
- {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, IRA's
- {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 household housekeeping supplies.
- {49} Include all household apparel and services.
- {50} Include all household personal care products and services.
- {51} Include all expenses for automobile gas and insurance.
- {52} Include any other pertinent household expenses.
- {53} Add all amounts in expense column (boxes 36-52) and report sum.
- {54} Please be sure to read the entire Loss Mitigation Application Acknowledgement and Agreement before signing.



USE AS INCOME VERIFICATION FOR CALIBER LOAN # _____

BORROWER NAME: _____

LETTER OF VERIFICATION:
CONTRIBUTION TO HOUSEHOLD INCOME

Date _____

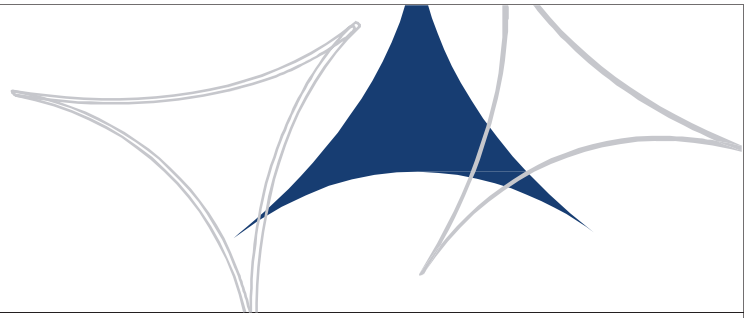
To: Caliber Home Loans:

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

Let Us Guide You Home



NON-BORROWER CONTRIBUTOR CREDIT REPORT AUTHORIZATION

Caliber Account Number: # _____

Borrower Name(s) (please print): _____

Each of the undersigned hereby acknowledges that Caliber Home Loans, Inc., as servicer for the owner of the above-referenced mortgage loan, has permission to verify and to obtain any credit information or data, for any legitimate business purpose through any source, including a consumer reporting agency. (Non-borrower contributor(s) authorizing Caliber to pull their credit report must sign, date and provide their social security number below)

X _____
Non-borrower Contributors Signature

_____ Date

Printed Name

Social Security #

X _____
Non-borrower Contributors Signature

_____ Date

Printed Name

Social Security #