

# Making Home Affordable Program Request for Mortgage Assistance (RMA)



Request For Mortgage Assistance (RMA) page 1

COMPLETE ALL PAGES OF THIS FORM

**Requesting mortgage assistance for mortgage loan number:**

- I/We want to:**                     Keep the property                     Sell the property
- The property is my/our:**        Primary residence                     Second home                     Investment property
- The property is:**                     Owner occupied                     Renter occupied                     Vacant

**Borrower information**

<b>Borrower</b>		<b>Co-borrower</b>	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number (    )		Home phone number (    )	
Cell phone number (    )		Cell phone number (    )	
Work phone number (    )		Work phone number (    )	
Email address		Email address	
Mailing address		Mailing address <i>(if different than borrower's)</i>	

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

If yes, complete counselor contact information below.

Counselor's name: \_\_\_\_\_ Counselor's phone number: (    ) \_\_\_\_\_

Counselor's email: \_\_\_\_\_

**Is any borrower a service member?**    Yes    No

If yes, have you recently been deployed away from your principal residence or recently received a permanent change of station order?

Yes    No

**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: \_\_\_\_\_

Please note that if you have or will receive a discharge from a bankruptcy case, and the mortgage was not reaffirmed in the bankruptcy case, we will only exercise our rights against the property and are not attempting any act to collect the discharged debt from you personally. Additionally, your decision to discuss workout options with us is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.

**How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?**

\_\_\_\_\_

**Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?**

Yes  No

**Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?**

Yes  No

If yes, how many? \_\_\_\_\_

**Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence?**

Yes  No

### **Principal residence information**

**Note: If you are requesting mortgage assistance, you must complete this section even if you are not seeking mortgage assistance on your principal residence.**

Principal residence loan number

Principal residence servicer name

Property address (if same as mailing address, write "same")

Number of people who live in the home

**Is this property listed for sale?**  Yes  No

If yes, what was property listing date? \_\_\_\_\_

Have you received an offer on the property?  Yes  No

Date of offer: \_\_\_\_\_ Amount of offer: \$ \_\_\_\_\_ Closing date: \_\_\_\_\_

Agent/Agency name: \_\_\_\_\_ Agent/Agency phone number ( ) \_\_\_\_\_

For sale by owner?  Yes  No

**Who pays the real estate tax bill on your property?**  I do  Servicer does

Are the taxes current?  Yes  No

Monthly condominium or homeowners association fee?  Yes \$ \_\_\_\_\_

Are fees paid current?  Yes  No

Paid to (Name and Address) \_\_\_\_\_

**Who pays the homeowners insurance policy for your property?**

I do  Servicer does  Paid by condominium or homeowners association (HOA)

Is the policy current?  Yes  No

If paid by you or your condominium or HOA, name of insurance company: \_\_\_\_\_

Insurance company phone number: ( ) \_\_\_\_\_

Annual homeowners insurance: \$ \_\_\_\_\_

**If there are additional liens/mortgages or judgments on this property, name the person(s), company or firm and phone number(s).**

Lien holder's name/Servicer: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Loan number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Lien holder's name/Servicer: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Loan number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.**

Principal residence servicer name: \_\_\_\_\_

Principal residence phone number: ( ) \_\_\_\_\_

Is the mortgage on your principal residence paid?  Yes  No

If no, number of months your payment is past due (if known): \_\_\_\_\_

**Hardship Affidavit**

I am requesting review under the Making Home Affordable Program. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.

My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.

Other

Explanation (continue on back of page 3 if necessary):

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## Income/expenses for household

Important note: All income must be documented.

### Combined income and expense of borrower and co-borrower

You are not required to disclose child support, alimony or separation maintenance income unless you choose to have it considered by your servicer.

1 Monthly household income		2 Monthly household expenses/debt		3 Household assets	
Monthly gross wages	\$	First mortgage payment	\$	Checking account(s)	\$
Overtime	\$	Second mortgage payment/ other liens	\$		\$
Borrower start date of employment (MMDDYYYY)		Homeowners insurance <sup>1</sup>	\$	Savings/money market account(s)	\$
Co-borrower start date of employment (MMDDYYYY)		Property taxes <sup>2</sup>	\$		\$
Borrower other employment start date (MMDDYYYY) (If borrower has a second job)		Credit cards/installment loan(s) ( <i>total minimum payment per month</i> )	\$	Certificate(s) of deposit (CDs)	\$
Co-borrower other employment start date (MMDDYYYY)		Alimony/separation maintenance/child support payments	\$		\$
Child support/alimony/separation maintenance	\$	Net rental expenses/ property maintenance expenses	\$		\$
Non-taxable Social Security/Social Security Disability Insurance	\$	Homeowners association/ condominium fees	\$	Stocks/bond(s)	\$
Taxable Social Security benefits	\$	Child care expenses	\$		\$
Other monthly income from pensions, annuities or retirement plans	\$	Car payments, including car lease payments	\$	Other cash on hand	\$
Tips, commissions and bonus income	\$	Car insurance/gas/ maintenance	\$	Other real estate ( <i>estimated value</i> )	\$
Self-employment income	\$	Health insurance/medical expenses	\$	Other	\$
Unemployment income	\$	Life insurance premiums (not withheld from pay)	\$		\$
Start date of unemployment (MMDDYYYY)		Groceries	\$		\$
Gross rent received <sup>3</sup>	\$	Water/sewer/utilities	\$		\$
Boarder income	\$	Internet/cable/satellite/cell phone/home phone	\$	Do not include retirement plans when calculating assets ( <i>401(k), pension funds, annuities, IRAs, Keogh plans, etc.</i> )	
Food stamps/Welfare	\$	Personal loans/tuition	\$		
Other ( <i>investment income, royalties, interest, dividends, etc.</i> )	\$	Charitable contributions	\$		
		Mortgage payments for other properties <sup>4</sup>			
		Other	\$		
<b>Total (gross income)</b>	<b>\$</b>	<b>Total debts/expenses</b>	<b>\$</b>	<b>Total assets</b>	<b>\$</b>

1. Only include your homeowners insurance payment if you pay this amount yourself.

2. Only include your property tax payments if you pay them yourself.

3. Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in the following section.

4. Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in the following section.

## Information about your other properties

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### Other properties owned

You must provide information about all properties that you or the co-borrower own, other than your principal residence and the property that you are requesting assistance for. (See below.) Use additional sheets if necessary.

#### Other Property #1

Property address: \_\_\_\_\_

Loan number: \_\_\_\_\_ Servicer name: \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Property is:  Vacant  Second or seasonal home  Rented

Gross monthly rent: \$ \_\_\_\_\_ Monthly mortgage payment\*: \$ \_\_\_\_\_

#### Other Property #2

Property address: \_\_\_\_\_

Loan number: \_\_\_\_\_ Servicer name: \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Property is:  Vacant  Second or seasonal home  Rented

Gross monthly rent: \$ \_\_\_\_\_ Monthly mortgage payment\*: \$ \_\_\_\_\_

#### Other Property #3

Property address: \_\_\_\_\_

Loan number: \_\_\_\_\_ Servicer name: \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Current value: \$ \_\_\_\_\_

Property is:  Vacant  Second or seasonal home  Rented

Gross monthly rent: \$ \_\_\_\_\_ Monthly mortgage payment\*: \$ \_\_\_\_\_

\* The amount of the monthly payment made to your Servicer – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

### Other property for which assistance is requested

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

I am requesting mortgage assistance with a rental property.  Yes  No

I am requesting mortgage assistance with a second or seasonal home.  Yes  No

If yes to either, I want to:  Keep the property  Sell the property

Property address: \_\_\_\_\_

Loan number: \_\_\_\_\_

Do you have a second mortgage on the property?  Yes  No

If yes, Servicer name: \_\_\_\_\_ Loan number: \_\_\_\_\_

Do you have condominium or homeowner association (HOA) fees?  Yes  No

If yes, monthly fee: \$ \_\_\_\_\_

Are HOA fees paid current?  Yes  No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance?  Yes  No

If no, are the taxes and insurance paid current?  Yes  No

If insurance is paid by you or HOA, name of insurance company: \_\_\_\_\_ Insurance company phone number: (\_\_\_\_) \_\_\_\_\_

Annual homeowners insurance: \$ \_\_\_\_\_ Annual property taxes: \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:

Vacant and available for rent  Occupied without rent by your legal dependent, parent or grandparent as their principal residence

Occupied by a tenant as their principal residence  Other \_\_\_\_\_

If rental property is occupied by a tenant:

Term of lease / occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

Gross monthly rent: \$ \_\_\_\_\_

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale?  Yes  No

If yes, listing agent's name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

List date: \_\_\_\_\_

Have you received a purchase offer?  Yes  No

Amount of offer: \$ \_\_\_\_\_ Closing date: \_\_\_\_\_

### Rental Property Certification

You must complete this certification if you are requesting a mortgage modification with respect to a rental property.

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property as previously described and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property

to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period. Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein. Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

**Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the date I signed this form or the date the RMA is received by your Servicer.

**Initials:** Borrower: \_\_\_\_\_ Co-borrower: \_\_\_\_\_

### **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 certify under penalty of perjury that I 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 understand that the servicer, the U.S. Department of the Treasury, or their respective 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 have not been convicted of such crimes. I also understand that knowingly submitting false information may violate Federal law. This certification is effective on the date I signed this form or the date this RMA is received by your servicer.

### **Borrower and Co-Borrower Acknowledgment and Agreement**

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.

2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or 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 and other applicable law.

3. I authorize and give permission to the Servicer, the U.S. Department of Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.

4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.

5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.



6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.

7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the 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.

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

9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan or agreement by references as if set forth therein full. My first timely payment, if required, following my Servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.

10. 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 Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury or its agents, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or Servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies and or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; (e) auditors, including but not limited to independent auditors, regulators and agencies and (f) any HUD-certified housing counselor.

11. I consent to being contacted concerning this request for mortgage assistance at any email address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

**Borrower signature(s):**

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

\_\_\_\_\_  
Borrower signature

\_\_\_\_\_  
Co-borrower signature

\_\_\_\_\_  
Borrower Social Security number

\_\_\_\_\_  
Co-borrower Social Security number

\_\_\_\_\_  
Borrower date of birth

\_\_\_\_\_  
Co-borrower date of birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Contacts — if you have questions

If you have questions about this document or your available options, please contact your home preservation specialist.

If you have questions about your options that your Servicer cannot answer or if you need further counseling, call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). A Hotline counselor will help you by answering questions about your available options and providing you with free HUD-certified counseling services in English and Spanish.

## Information for government monitoring purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or Servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or Servicer is required to note the information on the basis of visual observation and surname if you have made this request for assistance in person. **If you do not wish to furnish the information, please check the box below.**

<b>Borrower</b>	<input type="checkbox"/> I do not wish to furnish this information.	<b>Co-borrower</b>	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

### To be completed by interviewer

This application was taken by:

- Face-to-face interview
- Mail
- Telephone
- Internet

Interviewer's name (print or type)	Interviewer's ID number
Interviewer's signature	Date
Interviewer's phone number (include area code)	
Name /Address of interviewer's employer	

### Notice to Borrower

Be advised that you are signing this document under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

