



618 S. Creyts Road, Suite C
Lansing, MI 48917
Ph (800) 467-5430
Fx (517) 481-3050
hmfserv@habitatmtg.org
NMLS #133758

We want to help! As an initial step, we are enclosing a Loss Mitigation Application for you to complete. This information will help us better understand your financial situation so that we can determine what solutions may be possible.

Please fill out all forms completely, sign where indicated, and include **COPIES** of all documents requested.

- Completed "Uniform Borrower Assistance Form" (included)
- Completed "Monthly Budget Worksheet" (included)
- Copy of pay stubs (30 days)
- Copy of proof of child support
- Copy of alimony support
- Copy of state benefits (ex: food stamps, cash assistance)
- Copy of Social Security benefits
- Copy of most recent federal tax return
- Most recent copy of profit/loss statement (if self-employed)
- Most recent bank statement (all pages)

Return completed packet with copies of all documentation as listed above, if applicable, **within 10 days** of the date of this letter to:

Habitat for Humanity Michigan Fund, Inc
Attn: Collections Dept
618 S Creyts Rd, Suite C, Lansing, MI 48917

During the evaluation process, you are required to continue to submit payments as they become due. The results of the financial review will be communicated to you by our Collections office. All options will be offered based on your debt to income ratio and ability to pay. Please call 1-800-467-5430, ext. 117 if you have any questions.

Sincerely,

Collections Department

Habitat for Humanity Michigan Fund, Inc

encl: Borrower Assistance Form, Authorization for Counseling, Information on Avoiding Foreclosure, Frequently Asked Questions, Monthly Budget Worksheet

This communication may contain privileged and/or confidential information protected by law and is intended solely for the use of the addressee. If you are not the intended recipient, you are strictly prohibited from disclosing, copying, distributing or using any of this information. If you received this communication in error, please contact the sender immediately and destroy the material in its entirety. You may not directly or indirectly re-use or re-disclose the information in this communication for any purpose other than to provide the services for which you are receiving the information. There are risks associated with the use of electronic transmission. The sender of this information does not control the method of transmittal or service providers and assumes no duty or obligation for the security, receipt or third party interception of this transmission.

This letter is from Habitat for Humanity Michigan Fund, Inc., who is a debt collector under the Fair Debt Collection Practices Act. You are hereby put on notice that we are attempting to collect a debt and any information obtained will be used for that purpose. If, within thirty (30) days of your receipt of this Notice, you notify us, in writing that the debt or any portion thereof is disputed, we will obtain verification of the debt, unless, within thirty (30) days after receipt of this Notice, you dispute the validity of the debt or any portion thereof, we will assume the debt to be valid and will proceed in accordance with that assumption. If the original creditor is different from the creditor named above, then, upon your written request within thirty (30) days of the receipt of this Notice, we will provide you with the name and address of the original creditor.

UNIFORM BORROWER ASSISTANCE FORM

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

Loan Number _____

Servicer's Name _____

I want to: Keep the Property Vacate the Property Sell the Property Undecided

The property is currently: My Primary Residence A Second Home An Investment Property

The property is currently: Owner Occupied Renter Occupied Vacant

BORROWER**CO-BORROWER**

BORROWER'S NAME

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME PHONE NUMBER WITH AREA CODE

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)

EMAIL ADDRESS

Is the property listed for sale? Yes No

If yes, what was the listing date? _____

If property has been listed for sale, have you received an offer on the property? Yes No

Date of offer: Amount of Offer: \$ _____

Agent's Name: _____

Agent's Phone Number: _____

For Sale by Owner? Yes No

Have you contacted a credit-counseling agency for help?

Yes No

If yes, please complete the counselor contact information below:

Counselor's Name: _____

Agency's Name: _____

Counselor's Phone Number: _____

Counselor's Email Address: _____

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

Total monthly amount: \$ _____

Name and address that fees are paid to: _____

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: _____

UNIFORM BORROWER ASSISTANCE FORM

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

Lien Holder's Name

Balance and Interest Rate

Loan Number

Lien Holder's Phone Number

HARDSHIP AFFIDAVIT

My Hardship is:

Unemployment

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)

Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control

Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law

Death of a borrower or death of either the primary or secondary wage earner in the household

Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member

Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment

Distant employment transfer / Relocation

Business Failure

Other: a hardship that is not covered above. Please explain:

Please add any additional information if further explanation is needed:

UNIFORM BORROWER ASSISTANCE FORM

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. 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.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - i. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - ii. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
 - iii. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - iv. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - i. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - ii. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party*. By signing this form, I also consent to being contacted by text messaging.

Borrower Signature

Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Monthly Spending Plan

Borrower Names

Street Address

Loan Number

Net Income

Type	Amount
NET Salary-Primary Borrower	
NET Salary-Secondary Borrower	
Social Security	
ssi for daughter	
Other	
TOTAL NET INCOME	

TOTAL NET INCOME	\$0.00
<i>minus</i>	
TOTAL EXPENSES	\$0.00
SURPLUS/SHORTFALL	\$0.00

Addl Information

Start date if employed with current employer less than 12 month	
Amt on hand towards down payment	

Type	Amount
Housing & Utilities	
Principal and (interest) only portion of payment	
2nd mortgage/line of credit on house	
HOA / Pest inspections	
Property insurance	
Property taxes	
Home repairs/maintenance	
Electric & Gas	
Water	
Trash	
Home phone	
Cell phone	
Internet	
Transportation	
Auto loan(s)	
Auto insurance	
Gas	
Maintenance and repairs	
Annual registration	
Bus/Taxi	
Food	
Groceries	
Dining out	
Personal Items	
Clothes	
Laundry, Dry cleaning	
Haircuts	
Personal care, nails, toiletries, etc.	
Medical	
Medical insurance	
Doctor co-pays	
Medications	
Dentist	
Glasses	
Pets	
Food, toys, treats	
Vet. grooming	
Insurance	
Disability Insurance	
Life Insurance	

Type	Amount
Children	
Child Care, education	
Diapers, formula	
Activities, sports, entertainment	
School lunches	
Other	
Entertainment	
Cable TV	
Gifts	
Hobbies	
Gym	
Travel	
Beer, Wine, Liquor	
Movies, sports, concerts, museums	
Subscriptions	
Education	
Tuition, books, lessons	
Loans	
Taxes	
Credit Card	
Credit Card	
Credit Card	
Collections	
Collections	
Personal loan	
Student loans	
Payday loan	
Medical Debt	
Other	
Legal	
Attorney	
Maintenance, Child Support	
Donations	
Religious, Charity	
Savings	
Savings account	
Retirement	
TOTAL EXPENSES	\$0.00

Authorization for Counseling

Loan ID: «LoanID»

«B1First» «B1Last»

«B2First» «B2Last»

«FormattedAddress»

To Whom It May Concern:

If I fail to make any mortgage payment as agreed, I understand that the servicer of my mortgage loan may refer me to a third-party counseling organization that will advise me about finding ways to meet my mortgage obligation. I hereby authorize the servicer to release certain information related to the servicer's own experience with me to such third-party counseling organization and request that the counseling party contact me.

I further hereby authorize the third-party counseling organization to make a recommendation about appropriate action to take with regard to my mortgage loan, which recommendation may assist the servicer in determining whether to restructure my loan or to offer other extraordinary services that could preserve my long-term homeownership.

Borrower

Date

Borrower

Date