



**Making Home Affordable Program**  
Request for Modification and Affidavit (RMA)

I want to:  Keep the Property  Sell the Property  
 The property is my:  Primary Residence  Second Home  Investment  
 The property is:  Owner Occupied  Renter Occupied  Vacant

BORROWER		CO-BORROWER									
BORROWER'S NAME Alejandro Melendez		CO-BORROWER'S NAME Josefina Prieto									
SOCIAL SECURITY NUMBER 000-00-1234	DATE OF BIRTH 01/01/1990	SOCIAL SECURITY NUMBER 000-00-1234	DATE OF BIRTH 01/01/1965								
HOME PHONE NUMBER WITH AREA CODE 602-235-0109		HOME PHONE NUMBER WITH AREA CODE 602-235-0109									
CELL OR WORK NUMBER WITH AREA CODE 480-513-0793		CELL OR WORK NUMBER WITH AREA CODE 602.607.6811									
MAILING ADDRESS 254 Stonewell Dr, SAINT JOHNS FL 32259											
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) 254 Stonewell Dr, SAINT JOHNS FL 32259		EMAIL ADDRESS borrower@shortsalesoft.com									
Is the property listed for sale? <input type="radio"/> Yes <input type="radio"/> No Have your received an offer on the property? <input type="radio"/> Yes <input type="radio"/> No Date of offer _____ Amount of Offer \$ _____ Agent's Name: Agent's Phone Number: For Sale by Owner? <input type="radio"/> Yes <input type="radio"/> No		Have you contacted a credit-counseling agency for help? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete counselor contact information below. Counselor's Name: Counselor's Phone Number: Counselor's Email:									
Who pays the Real Estate Tax bill on your property? I do Lender does Are the taxes current? <input type="radio"/> Yes <input type="radio"/> No Condominium or HOA Fee Yes No \$ _____ Paid to: _____		Who pays the hazard insurance policy for your property? I do Lender Does Paid by Condo or HOA Is the policy current? Yes No Name of Insurance Co. _____ Insurance Co. Tel #: _____									
Have you filed for bankruptcy? <input type="radio"/> Yes <input type="radio"/> No If yes: <input type="radio"/> Chapter 7 <input type="radio"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="radio"/> Yes <input type="radio"/> No Bankruptcy case number _____											
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. <table border="0"> <tr> <td style="width: 30%;">Lien Holder's Name/Service</td> <td style="width: 20%;">Balance</td> <td style="width: 20%;">Contact Number</td> <td style="width: 30%;">Loan Number</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Lien Holder's Name/Service	Balance	Contact Number	Loan Number				
Lien Holder's Name/Service	Balance	Contact Number	Loan Number								

**HARDSHIP AFFIDAVIT (use back of request for explanation IF necessary)**

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

<input type="radio"/> 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="radio"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="radio"/> 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="radio"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="radio"/> Other _____	

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

\_\_\_\_\_

INCOME/EXPENSES FOR HOUSEHOLD*		
Number of People in Household: <u>4</u>		
1	2	3
Monthly Household Income	Monthly Household Expenses/Debt	Household Assets
Food Stamps: \$100.00 Gross Wages: \$5000.00 Rental Income: \$2000.00	1st Mortgage Payment: \$2000.00 2nd Mortgage Payment: \$725.00 3rd Mortgage Payment: \$9000.00 Child Support / Alimony: \$500.00 Credit Cards (Altogether): \$1000.00 HOA: \$500.00 Real Estate: Home Owners Ins. (if not included in Mortgage): \$80.00 Utility: Cable / Internet: \$65.00 Utility: Cell Phone: \$70.00 Utility: Electricity: \$120.00 Utility: Gas: \$85.00 Utility: Telephone: \$200.00 Utility: Water / Sewer: \$100.00	Banco: \$1500.00 Carro Toyota: \$1000.00 Joyas: \$3000.00 Second Home: \$9810000.00
<b>Total Income: \$7100.00</b>	<b>Total Debt/Expenses: \$14445.00</b>	<b>Total Assets: \$9815500.00</b>
***** ALL INCOME MUST BE DOCUMENTED *****		
* Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower please specify using the back of this form if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.		

**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 or surname if you have made this request for a loan modification 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"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>To be Completed by Interviewer</b>	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
This application was taken by:		
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Signature                      Date _____ Interviewer's Phone Number (include area code)	

ACKNOWLEDGEMENT AND AGREEMENT

**In making this request for consideration under the Making Home Affordable Program I certify under penalty of perjury:**

1. That all of the information in this document is truthful and the event(s) identified on page 1 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.
2. I understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my statements, may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. 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 Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. 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.
8. 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, (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 that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

If you have questions about this document or the modification process, please call your servicer at \_\_\_\_\_. If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



**NOTICE TO BORROWERS**

Be advised that you are signing the following documents 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.

By signing the enclosed documents you certify, represent and agree that:

“Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct.”

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.sigtar.gov](http://www.sigtar.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.



**Making Home Affordable Program**  
Hardship Affidavit

BORROWER'S NAME Alejandro Melendez		CO-BORROWER'S NAME Josefina Prieto	
SOCIAL SECURITY NUMBER 000-00-1234	DATE OF BIRTH 01/01/1990	SOCIAL SECURITY NUMBER 000-00-1234	DATE OF BIRTH 01/01/1965
LOAN SERVICES AmSouth Bank		LOAN NUMBER 123-456-789	
PROPERTY ADDRESS 254 Stonewell Dr, SAINT JOHNS FL 32259			

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<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 the payment on my mortgage loan and cover basic living expenses at the same time.

Other \_\_\_\_\_  
Explanation (attach another page if necessary): \_\_\_\_\_

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<b>To be Completed by Interviewer</b>	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
This application was taken by:	Interviewer's Signature      Date	
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\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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