

Dear Customer:

We understand that you may be experiencing financial problems that could result in the foreclosure and loss of your home. We also understand that the temporary or long-term difficulties that caused you to fall behind in your mortgage payments may be due to reasons beyond your control. We may be able to help by partnering with you to find a solution.

There are several options that may help you retain ownership of your home. There are also options available that may assist you in selling the property if you are unable to retain ownership of your home.

We must hear from you to determine the best option to help you avoid foreclosure and the possible loss of your home.

Time is of the essence and we encourage you to respond immediately.

In order to review your request for assistance, please print and complete the following worksheets. Please complete the financial worksheet and send in the necessary documentation so we can review your situation for one of the following Homeowner Assistance Programs:

Repayment Plan – You may be eligible for a Special Forbearance or Repayment plan which will allow you to repay the missed payments over an agreed time period.

Loan Modification – A loan modification may add the missed payments to your existing loan balance and could change one or more terms of your mortgage to restructure your loan payments

Pre-foreclosure Sale – A pre-foreclosure sale or short sale may allow you to sell the property at market value and use the proceeds as full satisfaction of your mortgagor obligation.

Deed in Lieu – We may agree to allow you to voluntarily give the deed to the property back if you are unable to sell the property at fair market value.

Time is critical and an immediate response is your first step toward finding a solution.

The following information must be completed and returned:

1. A complete financial disclosure statement for all mortgagors of record
2. A hardship letter explaining the situation that caused you to fall behind in your mortgage payments. Please note all measures you have taken to resolve your hardship. (Please provide supporting documentation if available).
3. Pay stubs that cover the most recent 45 day period for all borrowers on the loan. This would include verification of deposit into your checking or savings account for all income sources that are deposit directly into your bank account.
4. Copy of the Listing agreement and your most recent checking and/or savings account bank statements for Short sales and Deed in Lieu requests, i

Please fax this information with a cover sheet containing your loan number to 856-917-2935 or mail it to:

Mortgage Service Center
Mail Stop SV21
4001 Leadenhall Road
Mt. Laurel, NJ 08054
ATTN: Loss Mitigation

If the requested documentation is not provided or is incomplete, your package may be returned and the processing of your assistance request will be delayed. Our conversation, this correspondence, and our offer to review any information that you submit DO NOT REPRESENT A GUARANTEE that relief will be granted by the mortgage loan Investor, the Insurer or Guarantor of your loan, as applicable. IF YOU HAVE BEEN NOTIFIED THAT FORECLOSURE ACTIVITY HAS BEGUN, SUCH ACTIVITY WILL CONTINUE UNTIL YOUR LOAN IS CURRENT OR UNTIL YOU RECEIVE FORMAL WRITTEN NOTIFICATION THAT RELIEF HAS BEEN GRANTED.

Please be advised that a Pre-foreclosure sale or Deed in Lieu may have Federal Income Tax consequences. We encourage you to consult the IRS or a tax professional for additional information.

Please contact the Loss Mitigation Department at 1-800-750-2518 if you have any questions or need additional information regarding the Homeowner Assistance Program.

Thank you

Sincerely,
Loss Mitigation Department

1-800-750-2518
Fax No. 856-917-2935

Mortgage Loan #: _____ Property Address: _____

I, _____ am requesting that Mortgage Service Center to review my financial situation to see if I qualify for a Workout Option to avoid Foreclosure. Workout Option to avoid Foreclosure.

I am having difficulty making my monthly payments because of financial difficulties created by: (Please check the one that CLOSEST matches your situation or use the or use the "other field to briefly describe your situation)

- | | | |
|---|--|-------------------------------------|
| <input type="radio"/> Unemployment | <input type="radio"/> Reduced Income | <input type="radio"/> Divorce |
| <input type="radio"/> Separation | <input type="radio"/> Excessive Debts | <input type="radio"/> Medical Bills |
| <input type="radio"/> Death of Spouse | <input type="radio"/> Payment Increase | <input type="radio"/> Illness |
| <input type="radio"/> Job Relocation | <input type="radio"/> Business Failure | <input type="radio"/> Incarceration |
| <input type="radio"/> Military Service | <input type="radio"/> Damage to Property | |
| <input type="radio"/> Other (please specify): _____ | | |

Explain Hardship: _____

- | | | |
|--|---------------------------------|---------------------------------|
| I believe that my situation/hardship is: | <input type="radio"/> Temporary | <input type="radio"/> Permanent |
| I would like to participate in a Workout Solution: | <input type="radio"/> Yes | <input type="radio"/> No |
| I would like to keep my property: | <input type="radio"/> Yes | <input type="radio"/> No |

Are there any additional liens on this property to the best of your knowledge. If so, please fill out the name, company or firm that is holding that lien.

_____ Lien Holder's Name	_____ Amount of Lien
_____ Borrower's Signature	_____ Co-Borrower's Signature

BORROWER'S FINANCIAL STATEMENT

Loan #:							
Borrower Name:				Social Security #:			
Mailing Address:							
Employer:				Position:			
Employer Address:				Employer Phone:			
Daytime Phone:				Evening Phone:			
Email Address:							
Number of Dependents at this address:							
Co-Borrower Name:				Social Security #:			
Mailing Address:							
Employer:				Position:			
Employer Address:				Employer Phone:			
Daytime Phone:				Evening Phone:			
Email Address:							
ASSETS/LIABILITIES				MONTHLY INCOME DATA			
DESCRIPTION	Estimated Value	Amount Owed	Net Value	DESCRIPTION	Borrower	Co-Bor	Total
Primary Residence				Gross Pay:			
Other Real Estate				Overtime:			
Automobile:				Commissions:			
Automobile:				Bonus:			
Checking Account:				Child Support:			
Savings Account:				Rental Income:			
IRA/Keough Accts:				Other (Specify):			
401 (k) Acct:							
Stocks/Bonds/CD's:							
Boats:							
Collections/Art/Etc:							
Personal Items:							
				NET INCOME:			
ACKNOWLEDGEMENT and AUTHORIZATION							
ACKNOWLEDGEMENT							
I obtained a Mortgage loan secured by the above referenced mortgaged property. I have described my current financial condition with this Financial Statement form and I certify that all information presented herein, as well as all attachments is true, accurate, and correct to the best of my knowledge. I understand that submission of this information in no way obligates my Lender, Mortgage Servicer, Investor or Insuror to provide assistance to me.							
AUTHORIZATION							
By signing this Financial Statement, I hereby authorize my lender, Mortgage Servicer, Insurer and their respective agents to order a credit report and verify any and all employment and account information.							
Borrower Signature		Date		Co-Borrower Signature		Date	

MONTHLY EXPENDITURES

DESCRIPTION	MONTHLY DUE	BALANCE DUE	DELINQUENT Y / N ?
<i>Household Expenses:</i>			
Mortgage Payment			
Other Mortgages			
Alimony / Child Support			
Child Care			
Electric / Gas / Heat			
Water / Sewage			
Telephone / Internet			
Food for Household			
School / Work Lunches			
Clothing / Dry Cleaning			
Cable TV / Satellite			
Total Household Expenses	\$ -		
<i>Credit Card Expenses:</i>			
VISA			
MASTER CARD			
DEPT STORE CREDIT			
Other Credit Cards			
Total Credit Card Expenses	\$ -		
<i>Auto Expenses:</i>			
Auto Loan #1			
Auto Loan #2			
Auto Insurance			
Gasoline			
Auto Repairs			
Parking			
Total Auto Expenses	\$ -		
<i>Personal Loans:</i>			
Personal Loan #1			
Personal Loan #2			
Total Personal Loans	\$ -		
<i>Ins./Medical Expenses:</i>			
Health Insurance			
Life Insurance			
Doctors / Dentists			
Prescriptions			
Medical bills			
Total Ins/Medical Expenses	\$ -		
<i>Miscellaneous Expenses:</i>			
Charity / Donations			
Union Dues / Club Dues			
Entertainment			
Sports / Hobbies			
Vacations			
MISC. Expense #1			
MISC. Expense #2			
MISC. Expense #3			
Total Misc Expenses	\$ -		
TOTAL EXPENSES	\$ -		

***Please note: DO NOT list bills in the MONTHLY DUE column if they are a "one-time" debt.
Please NOTATE if any of the above bills are deducted from your paycheck.
Please NOTATE any loans which will be paid in full within the next 6 months.