

CMS Carrington Mortgage Services, LLC

Name: _____

Address: _____

City, state, zip: _____

RE: Loan Number: _____

Dear Mortgagor(s)

Thank you for your recent communication with Carrington Mortgage Services, LLC requesting another party be allowed to discuss the details of your loan. Please be advised you will be required to provide the name of the authorized party, a password that will be verified upon each communication, and this signed acknowledgement form.

Third Party Representation

Company Name (please print): _____

Representative(s): _____

Contact Number: _____

Email Address: _____

Verifiable Password: _____

Primary Borrower Name (Print)

Primary Borrower Signature

Secondary Borrower Name (Print)

Secondary Borrower Signature

Please be advised by signing the aforementioned document you do hereby authorize Carrington Mortgage Services, LLC to discuss your account with the above-mentioned individual(s). You may fax the completed form directly to me **877-267-1331**

Carrington Mortgage Services, LLC is committed to customer service satisfaction and we appreciate the opportunity in having assisted you with your mortgage needs. Please contact our Customer Service Department at (800) 561-4567 Monday – Friday between 6:00am – 6pm PST or you may visit us at <https://myloan.carringtonms.com> for more information.

Sincerely,

Carrington Mortgage Services, LLC

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

Important! To avoid delays, please make sure all pages are complete and accurate



Loan Number: _____

SECTION A: BORROWER INFORMATION

| BORROWER | |
|---------------------------------------|----------------|
| Borrower's Name: | |
| Social Security Number: | Date of Birth: |
| Home Telephone Number With Area Code: | |
| Cell or Work Number With Area Code: | |
| Email Address: | |

| CO-BORROWER | |
|---------------------------------------|----------------|
| Co-Borrower's Name: | |
| Social Security Number: | Date of Birth: |
| Home Telephone Number With Area Code: | |
| Cell or Work Number With Area Code: | |
| Email Address: | |

When you give us your mobile phone number, we have your permission to contact you at that number about all your accounts serviced by Carrington Mortgage Services, LLS ("CMS"). Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

| | | | |
|---------------------|--|---|-------------------------------------|
| The property is my: | <input type="checkbox"/> Primary Residence | <input type="checkbox"/> Second Home | <input type="checkbox"/> Investment |
| The property is: | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Renter Occupied | <input type="checkbox"/> Vacant |
| I want to: | <input type="checkbox"/> Keep my property | <input type="checkbox"/> Sell my property | |

Have you previously requested mortgage assistance through CMS? Yes No

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

Have you ever had a Home Affordable Modification Program (HAMP) Trial Plan or loan modification on your principal residence? Yes No

Have you or any co-borrower had a HAMP modification on any other property you own? Yes No If "Yes," how many? _____

Are you or any co-borrower currently in or being considered for a HAMP Trial Plan on a property other than your principal residence? Yes No

Is any borrower a Servicemember? Yes No

If yes, since 9/11/01 has the Servicemember been or is the Servicemember currently serving on active duty with the Military? Yes No

Have you recently been deployed away from your principal residence or recently received a Permanent Change of Station (PCS) order? Yes No

If yes, I intend to occupy this property as my primary residence in the future? Yes No

Is any borrower the surviving spouse of a deceased Servicemember who was on active duty at the time of death? Yes No

Has any borrower filed for bankruptcy? Yes No If "Yes": Chapter 7 Chapter 13

Filing Date: _____ Bankruptcy case number: _____

| Do you have any additional liens, mortgages, or judgments against your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" provide additional information | | | |
|--|---------|-----------------------------|--------------------------------|
| Lien Holder's Name / Servicer | Balance | Phone Number with area code | Reference Number / Loan Number |
| | \$ | | |
| | \$ | | |

A lien is a legal claim on property to secure a loan or debt until paid off. It is put in place by contract or court order.

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Loan Number: _____

SECTION B: REQUIRED DOCUMENTATION / HARDSHIP AFFIDAVIT

Describe your hardship: _____

Date situation began: _____

I believe that my situation is:

- Short Term (under 6 months)
- Medium-term (6-12 months)
- Long-term or permanent (greater than 12 months)

I am having difficulty making my monthly payment because of reasons set forth below:

(Please check all that apply and submit required documentation demonstrating your hardship. If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA), U.S. Department of Veterans Affairs (VA) or Rural Housing Service (RHS), hardship documentation is not required but you must submit all financial documentation that supports your request for assistance.)

| | |
|---|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits |
| <input type="checkbox"/> Underemployment | <input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income |
| <input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay) | <input type="checkbox"/> Provide the most recent pay stubs reflecting at least 30 days' worth of earnings with year to date totals |
| <input type="checkbox"/> Increase in housing expenses due to circumstances outside your control | <input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income |
| <input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law | <input type="checkbox"/> Divorce decree signed by the court OR <input type="checkbox"/> Separation agreement signed by the court OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property |
| <input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member | <input type="checkbox"/> Death certificate OR <input type="checkbox"/> Obituary or newspaper article reporting the death |
| <input type="checkbox"/> Long-term or permanent disability; serious illness of a borrower/ co-borrower or dependent family member | Do not provide medical records or any details of your illness or disability <input type="checkbox"/> Written statement from you or other documentation verifying disability or illness OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance |
| <input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment | <input type="checkbox"/> Insurance claim OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area |
| <input type="checkbox"/> Distant employment transfer | <input type="checkbox"/> Proof of transfer OR <input type="checkbox"/> Military Permanent Change of Station (PCS) |
| <input type="checkbox"/> Self-Employed / Business failure | <input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Bankruptcy filing for the business; or <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; or <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement |
| <input type="checkbox"/> Other | |

If you have income from rental properties that are not your principal residence, you must provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

Important! To avoid delays, please make sure all pages are complete and accurate



Loan Number: _____

SECTION C: INCOME / EXPENSE FOR HOUSEHOLD

EMPLOYMENT INFORMATION

| | |
|--|---|
| Borrower Monthly Income: \$ _____ I am: <input type="checkbox"/> Employed by a Company Company #1 Name: _____ Company #1 Address: _____ Start Date: _____ Company #2 Name: _____ Company #2 Address: _____ Start Date: _____ I am: <input type="checkbox"/> Self-Employed Percent of Ownership _____ % I am: <input type="checkbox"/> Independent Contractor | Co-Borrower Monthly Income: \$ _____ I am: <input type="checkbox"/> Employed by a Company Company #1 Name: _____ Company #1 Address: _____ Start Date: _____ Company #2 Name: _____ Company #2 Address: _____ Start Date: _____ I am: <input type="checkbox"/> Self-Employed Percent of Ownership _____ % I am: <input type="checkbox"/> Independent Contractor |
|--|---|

Self-employed people earn income directly from their own business, trade, or profession. They don't collect a salary or wages from an employer. Independent contractors typically provide goods or services to a company under terms of a contract, set their own hours and are paid on a freelance basis.

| HOUSEHOLD INCOME | |
|---|----------------|
| Monthly Gross Wages | \$ _____ |
| Monthly Self-Employment Income | \$ _____ |
| Monthly Overtime | \$ _____ |
| Monthly Unemployment Income | \$ _____ |
| Monthly Tips, Commissions, Bonus | \$ _____ |
| Monthly Non-Taxable Social Security/SSDI | \$ _____ |
| Monthly Taxable Social Security Benefits or Other Monthly Income from Annuities or Retirement Plans | \$ _____ |
| Monthly Child Support/Alimony ² | \$ _____ |
| Monthly Gross Rents Received ³ | \$ _____ |
| Monthly Food Stamps/Welfare | \$ _____ |
| Monthly Other: | \$ _____ |
| Total Monthly Income | \$ 0.00 |

| HOUSEHOLD EXPENSE / DEBT | |
|--|----------------|
| Monthly First Mortgage Principal and Interest Payment | \$ _____ |
| Monthly Second Mortgage Principal and Interest Payment | \$ _____ |
| Monthly Homeowners' Insurance | \$ _____ |
| Monthly Property Taxes | \$ _____ |
| Monthly HOA/Condo Fees/Co-OP Fees/Property Maintenance | \$ _____ |
| Monthly Mortgage Payments on Other Properties | \$ _____ |
| Monthly Credit Cards/Installment Loan(s) (total minimum payment) | \$ _____ |
| Monthly Child Support/Alimony Payments | \$ _____ |
| Monthly Auto Lease/Payment | \$ _____ |
| Monthly Other: | \$ _____ |
| | |
| Total Monthly Expenses/Debt | \$ 0.00 |

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Loan Number: _____

| HOUSEHOLD ASSETS <i>associated with the property and/or borrower(s) excluding retirement funds</i> | |
|---|---------------|
| Checking Account(s) | \$ |
| Checking Account(s) | \$ |
| Savings/Money Market | \$ |
| CDs | \$ |
| Stocks/Bonds | \$ |
| Other Cash on Hand | \$ |
| Other Real Estate (estimated value) | \$ |
| Other: | \$ |
| Other: | \$ |
| Total Assets | \$0.00 |

| ADDITIONAL LIVING EXPENSES <i>Required if your mortgage is insured by the Federal Housing Admin, US Dept. of Veterans Affairs, or Rural Housing Service</i> | |
|--|---------------|
| Tuition/School | \$ |
| Child Care (daycare, babysitting) | \$ |
| Automobile Expenses (insurance/maintenance/gas) | \$ |
| Food | \$ |
| Life Insurance Premium | \$ |
| Medical | \$ |
| Utilities | \$ |
| Clothing | \$ |
| Cable, Internet, Phone | \$ |
| Total Living Expenses | \$0.00 |

Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan. Include rental income received from all properties you own and Include mortgage payments on all properties you own EXCEPT your principal residence

| OTHER INCOME / EXPENSES | |
|---|--------------------------------------|
| Is there a person not on the mortgage note who lives in the residence and contributes financially to the household? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, complete the following: | |
| First and Last Name: _____ | |
| Monthly amount contributed to the household (not including the amount contributed to the Mortgage): \$ _____ | |
| Monthly amount contributed to the Mortgage: \$ _____ | |
| Are there living expenses for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, monthly amount of expenses: \$ _____ | |
| List any one-time payments you received that appear on your most recent tax return. (Examples: one-time pension disbursements, tax refunds, bonuses, insurance distributions) | Payment Type: _____ Amount: \$ _____ |
| | Payment Type: _____ Amount: \$ _____ |
| | Payment Type: _____ Amount: \$ _____ |

| SECTION D: DODD-FRANK CERTIFICATION |
|---|
| <p>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.</p> <p>I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:</p> <ul style="list-style-type: none"> (a) felony larceny, theft, fraud, or forgery, (b) money laundering or (c) tax evasion. <p>I/we understand that the servicer, the U.S. Department of the Treasury, or their 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/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate federal law.</p> <p>If you have been convicted of one of the mortgage or real estate crimes listed above within the last 10 years, you must cross out this section. You may be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.</p> <p>This certification is effective on the earlier of the date listed below or the date received by your servicer.</p> |

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Loan Number: _____

SECTION E: OTHER PROPERTIES OWNED

Check this box if this section does not apply to you.

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums. You must provide information about all properties that you or the co-borrower own, other than your principal residence and any other property for which you are seeking mortgage assistance listed in section H. Use additional sheets if necessary.

PROPERTY #1

Property Address: _____ City _____ State _____ Zip _____
First Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Property is: Vacant Second or Seasonal Home Rented
Current Value: \$ _____ Gross Monthly Rent: \$ _____ Monthly Mortgage Payment: \$ _____

PROPERTY #2

Property Address: _____ City _____ State _____ Zip _____
First Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Property is: Vacant Second or Seasonal Home Rented
Current Value: \$ _____ Gross Monthly Rent: \$ _____ Monthly Mortgage Payment: \$ _____

PROPERTY #3

Property Address: _____ City _____ State _____ Zip _____
First Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Property is: Vacant Second or Seasonal Home Rented
Current Value: \$ _____ Gross Monthly Rent: \$ _____ Monthly Mortgage Payment: \$ _____

PROPERTY #4

Property Address: _____ City _____ State _____ Zip _____
First Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Property is: Vacant Second or Seasonal Home Rented
Current Value: \$ _____ Gross Monthly Rent: \$ _____ Monthly Mortgage Payment: \$ _____

PROPERTY #5

Property Address: _____ City _____ State _____ Zip _____
First Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance: \$ _____
Property is: Vacant Second or Seasonal Home Rented
Current Value: \$ _____ Gross Monthly Rent: \$ _____ Monthly Mortgage Payment: \$ _____

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Loan Number: _____

SECTION F: OTHER PROPERTIES FOR WHICH ASSISTANCE IS REQUESTED

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

Check this box if this section does not apply to you.

I am requesting mortgage assistance for a rental property Yes No

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

I am requesting mortgage assistance for a home that is no longer my primary residence due to an out of area job transfer or foreign service assignment.
I intend to occupy this property as my primary residence sometime in the future. Yes No

Property Address: _____ City _____ St. _____ Zip _____ Loan Number: _____
Current Value: \$ _____ Monthly Payment: \$ _____

First Mortgage Servicer Name: _____

Do you have a second mortgage on the property? Yes No If Yes, Servicer Name: _____ Loan Number: _____ Monthly Payment: \$ _____

Do you have condominium or homeowner's 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

Annual homeowners insurance: \$ _____ Annual Property Taxes: \$ _____

If requesting assistance for 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 tenant: Term of lease/occupancy: _____ / _____ / _____ - _____ / _____ / _____ Monthly Rent: \$ _____

If rental property is vacant, describe efforts to rent property: _____

If you have a non-rent-paying occupant, describe your relationship to them and the duration of their occupancy: _____

Is the property listed for sale? Yes No If Yes Agent Name: _____ Agent Number: _____

Have you received an offer? Yes No If Yes Date of Offer: _____ Offer Amount: \$ _____ Closing Date: _____

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

Important! To avoid delays, please make sure all pages are complete and accurate



Loan Number: _____

RENTAL PROPERTY CERTIFICATION

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

Check this box if this section does not apply to you.

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 a 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 personal 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.

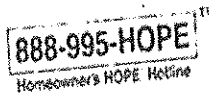
This certification is effective on the earlier of the dates listed below or the date the Request for Mortgage Assistance form is received by your servicer.

By checking this box and initialing below, I am requesting a mortgage modification under the Making Home Affordable Program with respect to my rental Property described in this section and I hereby certify under penalty of perjury that each statement above is true and correct.

Initials: Borrower _____ Co-Borrower _____

HOMEOWNER'S HOTLINE

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



NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to CMS in connection with the Making Home Affordable Program is under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding the occupancy in your home, hardship circumstances, and/or income, expenses, or assets 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 this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to CMS in connection with the Making Home Affordable Program, 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 misrepresentation 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. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Loan Number: _____

SECTION G: ACKNOWLEDGMENT AND AGREEMENT

In making this request for consideration, I certify under penalty of perjury:

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 assistance
2. I understand and acknowledge that CMS, the U.S. Department of the Treasury, MHA, USDA, VA, HUD, 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 CMS, the U.S. Department of the Treasury, MHA, USDA, VA, HUD, 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 mortgage assistance and the accuracy of my statements and any documentation that I provide in connection with my request for mortgage 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 mortgage assistance, CMS, the U.S. Department of the Treasury, MHA, USDA, VA, HUD, or their respective agents, as applicable, may terminate my participation in any of the foreclosure prevention alternatives including any right to future benefits and incentives that otherwise would have been available under such programs, 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 CMS communications in a timely manner. I understand that time is of the essence.
7. I understand that CMS will use the information I provide to evaluate my eligibility for available relief options and foreclosure prevention alternatives, but CMS is not obligated to offer me mortgage 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 mortgage assistance and I accept and agree to all terms of the mortgage assistance notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following CMS' determination and notification of my eligibility or prequalification for mortgage assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that CMS will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to CMS' disclosure of my personal information and the terms of the Mortgage Assistance notice, plan or agreement to the U.S. Department of Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, the USDA, VA, HUD and their respective agents, companies that perform support services, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to CMS. This includes text messages and telephone calls to my cellular or mobile telephone
12. If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to CMS, I hereby withdraw such notice and understand that CMS must contact me through the loan modification process or to find other alternatives to foreclosure.
13. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that CMS is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
14. I understand that if CMS offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by the CMS.
15. I agree that when CMS accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
16. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
17. If I qualify for and enter into a Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.

REQUEST FOR MORTGAGE ASSISTANCE (RMA)

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Loan Number: _____

SECTION H: 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.**

| | | | |
|------------|---|------------|---|
| Borrower: | <input type="checkbox"/> I do not wish to furnish this information | Borrower: | <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 THE INTERVIEWER

| | | | |
|---|----------------------------------|--|--|
| This request was taken by: | Interviewer's Information | | Name/Address of Interviewer's Employer |
| <input type="checkbox"/> Face-to-Face Interview | Name & ID# | | |
| <input type="checkbox"/> Mail | Signature | | |
| <input type="checkbox"/> Telephone | Phone Number | | |
| <input type="checkbox"/> Internet | Fax Number | | |
| | | | Servicer/Interviewer's Email Address |

By signing this document, I/we certify that all the information is truthful. I/We understand that knowingly submitting false information may constitute fraud.

| | |
|-----------------------|------|
| Borrower Signature | Date |
| Co-Borrower Signature | Date |