

AUTHORIZATION TO PROVIDE AND RELEASE INFORMATION



This Borrower Authorization form will allow JPMorgan Chase Bank, N.A. ("Chase") or its authorized representative to share information about your mortgage with third parties, such as Lien Holders and attorneys or their authorized representatives, closing agents, insurance agents, and appraisers.

TO: JPMorgan Chase Bank, N.A.
LOAN NUMBER: _____ ("my Loan")
DATE: _____
BORROWERS: _____
PROPERTY ADDRESS: _____

I/We, _____ (borrower(s) name(s)),
currently residing at _____ in the County of
_____, State of _____, hereby authorize JPMorgan Chase Bank, N.A. ("Chase") to release,
furnish, provide, exchange and request information related to my/our Loan to the Third Party (or Parties):

Important Note: If the Third Party (or Parties) listed below is a counseling organization, corporation, law firm, or entity other than a natural person, you may provide the name(s) of the specific individual(s) working for the Third Party (or Parties) to whom Chase is authorized to release information. If no individuals are specified below, and your authorization is not otherwise restricted, your authorization will be applied to your entire file and the entire entity.

(1) Authorized Third Party

Name of Third Party _____
Address _____

Phone Number _____
Fax Number _____
Account Number _____

Restrictions on the release of account information (Please check and complete as appropriate):

_____ No restrictions. Your authorization will be applied to your entire file.
_____ Restrictions (Please list any restrictions below):

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party listed above:

And, I (We) hereby authorize this Third Party to release, furnish, provide, exchange and request information related to the account above to Chase.

(2) Additional Authorized Third Party

Name of Third Party _____

Address _____

Phone Number _____

Fax Number _____

Account Number _____

Restrictions on the release of account information (Please check and complete as appropriate):

____ No restrictions. This authorization will be applied to the entire file.

____ Restrictions. (Please list any restrictions below.):

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party listed above:

And, I (We) hereby authorize this Third Party to release, furnish, provide, exchange and request information related to the account above to Chase.

(3) Additional Authorized Third Party

Name of Third Party _____

Address _____

Phone Number _____

Fax Number _____

Account Number _____

Restrictions on the release of account information (Please check and complete as appropriate):

_____ No restrictions. This authorization will be applied to the entire file.

_____ Restrictions. (Please list any restrictions below.):

I/We authorize Chase to provide my/our information to the following individual(s) at the Third Party listed above:

And, I (We) hereby authorize this Third Party to release, furnish, provide, exchange and request information related to the account above to Chase.

Note: If you need more space to provide third party authorization to additional individuals or entities, you may provide the information requested above on a separate sheet for these third parties. Please be sure to sign and date your request.

Expiration of Authorization

If applicable, please specify below a period of time or operational transaction (i.e., modification) for which the authorization is valid. If no expiration date or operational transaction is provided, this authorization will remain valid until revoked in writing.

You may revoke this authorization at any time by providing written notice to Chase.

Chase will take reasonable steps to authenticate the identity of the Third Party (or Parties) authorized above. However, we will not have any liability if we decline to release your account information because we are unable to authenticate the true identity of the authorized requestor seeking account information.

I/We hereby indemnify and forever hold Chase harmless from any and all actions and causes of actions, suits, claims, attorney's fees, or demands against Chase, which I/we and/or my/our heirs may have resulting from Chase discussing, or declining to discuss, my/our account with the above-named requestor or person identifying himself/herself to be that requestor, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requestor.

Signed by:

(Signature)

(Printed Name)

(Date)

Signed by:

(Signature)

(Printed Name)

(Date)

REQUEST FOR MORTGAGE ASSISTANCE FORM



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

Loan Number: _____

Section A		BORROWER	
Borrower's Name			
Social Security Number		Date of Birth	
Home phone 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 phone number with area code	
Cell or work number with area code	
Email Address	

Is any borrower a servicemember? 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 some time 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

I want to: Keep the Property Sell the Property Release the Property to avoid foreclosure (Deed in Lieu)
 The property is my: Primary Residence Second Home Investment
 The property is: Owner Occupied Renter Occupied Vacant

Have you previously requested mortgage payment assistance through Chase? 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 period plan or permanent modification on your principal residence? Yes No
 Have you or any co-borrower had a permanent 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 period plan on a property other than your principal residence? Yes No

Complete this section ONLY if you are requesting mortgage assistance in connection with property that is not your principal residence.
 Is the mortgage on your principal residence paid? Yes No If "No", number of months your payment is past due (if known): _____

Number of People in Household: _____

Mailing address: _____
 Property address (if same as mailing address, just write "same"): _____

Is the property listed for sale? Yes No
If yes, what was the listing date? _____
Have you received an offer on the property? Yes No
Date of Offer: _____ **Amount of Offer:** _____
Closing Date: _____
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 following:
Counselor's Name: _____
Agency Name: _____
Counselor's Phone Number: _____
Counselor's Email: _____

Who pays the real estate tax bill on your property?
 I do Lender does Paid by condo or HOA
Are the taxes current? Yes No
Condominium or HOA Fees? Yes No \$ _____ per month
Are the fees paid current? Yes No
Name and address that fees are paid to: _____

Who pays the hazard insurance premium for your property?
 I do Lender does Paid by condo or HOA
Is the policy current? Yes No
Name of Insurance Co.: _____
Insurance Co. Phone Number: _____

REQUEST FOR MORTGAGE ASSISTANCE FORM



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Loan Number: _____

Section B

REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT

Describe your hardship: _____

Date situation began is: _____

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), Veteran's Administration (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	<ul style="list-style-type: none"> ▪ A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits
<input type="checkbox"/> Underemployment	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Divorce decree signed by the court OR ▪ Separation agreement signed by the court OR ▪ Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR ▪ 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	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ 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	<ul style="list-style-type: none"> ▪ Signed letter from a doctor certifying that you are under their care. Do not provide medical records or any details of your illness or disability OR ▪ Written statement or other documentation verifying disability or illness OR ▪ Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Insurance claim OR ▪ Federal Emergency Management Agency grant or Small Business Administration loan OR ▪ Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<ul style="list-style-type: none"> ▪ Proof of transfer OR ▪ Military Permanent Change of Station (PCS)
<input type="checkbox"/> Excessive obligations	<ul style="list-style-type: none"> ▪ No hardship documentation required, as long as you have submitted the income documentation that supports the income
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> ▪ Tax return from the previous year (including all schedules) AND ▪ Proof of business failure supported by one of the following: <ul style="list-style-type: none"> ▪ Bankruptcy filing for the business; or ▪ Two months recent bank statements for the business account evidencing cessation of business activity; or ▪ Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Payment increase	<ul style="list-style-type: none"> ▪ No hardship documentation required, as long as you have submitted the income documentation that supports the income
<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 FORM



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

Loan Number: _____

Section C

ADDITIONAL LIENS/MORTGAGES OR JUDGMENTS

Complete if applicable.

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

Lien Holder's Name/Service	Balance	Phone Number	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.

Section D

BANKRUPTCY

Complete if applicable.

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

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

Section E

INCOME/EXPENSES FOR HOUSEHOLD

EMPLOYMENT INFORMATION

Borrower Monthly Income: \$ _____	Co-Borrower Monthly Income: \$ _____
Employer 1 Name: _____	Employer 1 Name: _____
Employer 1 Address: _____	Employer 1 Address: _____
Employment Start Date: _____	Employment Start Date: _____
Employer 2 Name: _____	Employer 2 Name: _____
Employer 2 Address: _____	Employer 2 Address: _____
Employment Start Date: _____	Employment Start Date: _____
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INCOME/EXPENSES

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household? Yes 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? Yes No

If yes, monthly amount of expenses _____

REQUEST FOR MORTGAGE ASSISTANCE FORM



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

Loan Number: _____

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	\$

HOUSEHOLD EXPENSES/DEBT	
Monthly First Mortgage Principal and Interest Payment ¹	\$
Monthly Second Mortgage Principal and Interest Payment ¹	\$
Monthly Homeowners' Insurance ¹	\$
Monthly Property Taxes ¹	\$
Monthly HOA/Condo Fees/Property Maintenance ¹	\$
Monthly Mortgage Payments on Other Properties ⁴	\$
Monthly Credit Cards/Installment Loan(s) (Total Minimum Payment)	\$
Monthly Child Support/Alimony Payments	\$
Monthly Auto Lease/Payment	\$
Monthly Other _____	\$
Total Monthly Expenses/Debt	\$

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

¹ The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

² 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.

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

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

Section F

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/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:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

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.

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 will be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.

This certification is effective on the earlier of the date listed below or the date received by your servicer.

REQUEST FOR MORTGAGE ASSISTANCE FORM



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

Loan Number: _____

Section G

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 property described below. Use additional sheets if necessary.

PROPERTY #1

Property Address: _____ Loan I.D. Number: _____
First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Property is: Vacant Second or Seasonal Home Rented
Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #2

Property Address: _____ Loan I.D. Number: _____
First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Property is: Vacant Second or Seasonal Home Rented
Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #3

Property Address: _____ Loan I.D. Number: _____
First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Property is: Vacant Second or Seasonal Home Rented
Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #4

Property Address: _____ Loan I.D. Number: _____
First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Property is: Vacant Second or Seasonal Home Rented
Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

PROPERTY #5

Property Address: _____ Loan I.D. Number: _____
First Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Second Mortgage Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
Property is: Vacant Second or Seasonal Home Rented
Gross Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

REQUEST FOR MORTGAGE ASSISTANCE FORM



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

Loan Number: _____

Section H

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.

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

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

I am requesting mortgage assistance with 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

If "Yes" to any of these statements, I want to: Keep the property Sell the property Release the Property to avoid foreclosure (Deed in Lieu)

Property Address: _____ Loan I.D. Number: _____

Do you have a second mortgage on the property? Yes No If "Yes", Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowners 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 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 tenant: Term of lease/occupancy ____/____/____ -- ____/____/____ Gross Monthly Rent \$ _____
MM DD YYYY MM DD YYYY

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.

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 conditions, 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 RMA is received by your servicer.

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this section and I hereby certify under penalty of perjury that each of the statements above are true and correct with respect to that property.

Initials: Borrower _____ Co-Borrower _____

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

Loan Number: _____

Section I

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	Co-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

HOMEOWNERS HOTLINE

If you have questions about this document or the modification process, please call your Servicer. 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 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 your Servicer in connection with the Making Home Affordable Program are 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 Lender 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.



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

Loan Number: _____

Section J

ACKNOWLEDGEMENT AND AGREEMENT

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

1. I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
2. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
3. 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 Servicer 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.
4. I understand that if the Servicer 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 Servicer.
5. If I am eligible for a trial period plan, repayment plan or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan or forbearance plan.
6. I agree that when the Servicer 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.
7. I agree that any prior waiver as to my payment of escrow items to Servicer in connection with my loan has been revoked.
8. If I qualify for and enter into a repayment plan, forbearance plan or 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.
9. 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 Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
10. That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
11. I understand that the Servicer, the U.S. Department of Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable law.
12. 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.
13. The property that I am requesting mortgage assistance for is able to be lived in and it has not been or is at risk of being condemned. There has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
14. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
15. 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 or other documentation submitted in connection with this request.
16. 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 mortgage relief or foreclosure alternative that I receive by the 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 any other mortgage relief program; and (e) any HUD-certified housing counselor.
17. I understand that I have the right to a copy of any property valuation used in connection with the decision on the request for a modification. If I want to receive a copy of the valuation, I will submit a request with my name, address and loan number within 90 days of the date that Servicer makes a decision on my request at the following address: Chase, Attn. Research Dept, PO Box 24696, Columbus OH 43224-0696 or by fax at 614-422-7575.
18. If I or someone on my behalf has submitted a FDCPA Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.

REQUEST FOR MORTGAGE ASSISTANCE FORM



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

Loan Number: _____

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

TO BE COMPLETED BY INTERVIEWER

This request was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet Loan Number _____	Interviewer's Name (print or type) & I.D. Number	Name/Address of Interviewer's Employer
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	Servicer/Interviewer's Email Address
	Interviewer's Fax Number	