

Mortgage assistance application



QUICK TIP

For additional copies of this form, or to complete it digitally, visit **Documents and Forms** on wellsfargo.com/homeassist.

About you

Borrower

First name	<input type="text"/>	
Last name	<input type="text"/>	
Social Security number	<input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth (MM/DD/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Phone numbers		
Home	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Mobile	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Work	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Mailing address		
Street (line 1)	<input type="text"/>	
Street (line 2)	<input type="text"/>	
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	

Co-borrower

First name	<input type="text"/>	
Last name	<input type="text"/>	
Social Security number	<input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth (MM/DD/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Phone numbers		
Home	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Mobile	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Work	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Mailing address	<input type="checkbox"/> <i>Check box and skip to the next page if the address is the same as borrower's</i>	
Street (line 1)	<input type="text"/>	
Street (line 2)	<input type="text"/>	
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	

Active duty

Is any borrower an active duty service member?	Has any borrower been deployed away from their home or received a Permanent Change of Station order?	Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you filed for bankruptcy?

<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>skip to the next question</i>)	<i>If yes:</i> What chapter?	What is your bankruptcy case number?
	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="text"/>
	Was your mortgage reaffirmed?	When did you file? (MM/DD/YYYY)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Has your bankruptcy been discharged?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Check correspondences with the court for your bankruptcy case number.

Have you contacted a credit-counseling agency for help?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes:</i> Please provide your counselor's information
	Agency name <input type="text"/> Counselor's name <input type="text"/>
	Phone number (<input type="text"/>) <input type="text"/> - <input type="text"/>
	Email address <input type="text"/>

About your property

<p>Your property is a:</p> <p><input type="checkbox"/> Primary residence</p> <p><input type="checkbox"/> Secondary residence</p> <p><input type="checkbox"/> Investment property</p>	<p>Your property is:</p> <p><input type="checkbox"/> Owner occupied</p> <p><input type="checkbox"/> Renter occupied</p> <p><input type="checkbox"/> Vacant</p>	<p>What is your intent with your property?</p> <p><input type="checkbox"/> Keep <input type="checkbox"/> Vacate</p> <p><input type="checkbox"/> Sell <input type="checkbox"/> Undecided</p>
<p>What is the address of your property that you are seeking assistance on? <input type="checkbox"/> <i>Check box and skip to the next page if the address is the same as borrower's</i></p>		
<p>Street (line 1)</p> <input type="text"/>		<p>City</p> <input type="text"/>
<p>Street (line 2)</p> <input type="text"/>		<p>State</p> <input type="text"/>
<p>Insurance company name</p> <input type="text"/>		<p>Insurance company phone number</p> <p>(<input type="text"/>) <input type="text"/> - <input type="text"/></p>
<p>Is your insurance policy current?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		

Is your property tax paid by us through an escrow account?

<p><input type="checkbox"/> Yes (<i>skip to the next question</i>)</p> <p><input type="checkbox"/> No</p>	<p><i>If no:</i> Are the taxes current?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Is your homeowners insurance paid by us through an escrow account?

<p><input type="checkbox"/> Yes (<i>skip to the next question</i>)</p> <p><input type="checkbox"/> No</p>	<p><i>If no:</i> Who pays for it?</p> <p><input type="checkbox"/> I do</p> <p><input type="checkbox"/> Paid by condominium or homeowners association</p>
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Do you pay condominium, co-op, or homeowners association fees?

Yes
 No (skip to the next question)

If yes: How much do you pay per month? Are your fees current?
 Yes
 No

Paid to
First name Last name

Or company name

Street (line 1)

Street (line 2)

City State ZIP code

Do you have any additional mortgages on your property?

Yes
 No (skip to the next question)

If yes: Complete the information for your Servicer(s).

Servicer's name

Loan number

Phone number () - Balance

Servicer's name (if additional mortgages)

Loan number

Phone number () - Balance

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Not sure who your Servicer is? Check your monthly mortgage billing statement.

Do you have any additional liens or judgments on your property?

<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the next question)	<p><i>If yes:</i> Complete the information for your lien holder(s).</p> <p>Lien holder's name <input type="text"/></p> <p>Phone number Balance (<input type="text"/>) <input type="text"/> - <input type="text"/> \$ <input type="text"/> .</p> <hr/> <p>Lien holder's name (if additional liens) <input type="text"/></p> <p>Phone number Balance (<input type="text"/>) <input type="text"/> - <input type="text"/> \$ <input type="text"/> .</p>
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Is your property currently listed for sale?

<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the "About your employment" section)	<p><i>If yes:</i> When was your property listed? (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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<p>Are you engaging an agency/agent to sell your property?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to the "About your employment" section)	<p><i>If yes:</i> What is the agency/agent name? <input type="text"/></p> <p>What is the agency/agent's phone number? (<input type="text"/>) <input type="text"/> - <input type="text"/></p>
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<p>Have you received an offer on your property?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>If yes:</i> When was the offer received? (MM/DD/YYYY) When is the closing date? (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>How much is the offer? \$ <input type="text"/> .</p>
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About your employment

Is the borrower employed?

<input type="checkbox"/> Yes	<p>When did the borrower begin their primary job? (MM/DD/YYYY)</p> <table border="1"><tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr></table> <p>When did the borrower begin their secondary job? (if applicable) (MM/DD/YYYY)</p> <table border="1"><tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr></table>		/		/			/		/	
	/		/								
	/		/								

<input type="checkbox"/> No	<p>When did the borrower become unemployed? (if applicable) (MM/DD/YYYY)</p> <table border="1"><tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr></table>		/		/	
	/		/			

Is the co-borrower employed?

<input type="checkbox"/> Yes	<p>When did the co-borrower begin their primary job? (MM/DD/YYYY)</p> <table border="1"><tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr></table> <p>When did the co-borrower begin their secondary job? (if applicable) (MM/DD/YYYY)</p> <table border="1"><tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr></table>		/		/			/		/	
	/		/								
	/		/								

<input type="checkbox"/> No	<p>When did the co-borrower become unemployed? (if applicable) (MM/DD/YYYY)</p> <table border="1"><tr><td> </td><td>/</td><td> </td><td>/</td><td> </td></tr></table>		/		/	
	/		/			

Financial worksheets

All income you receive must be disclosed. Include the combined income and expenses from the borrower and co-borrower (if any). Individuals at your property address who are not on the loan as co-borrowers are considered non-borrowers, and they can contribute income to the review of your loan modification. They should fill out the Non-borrower Financial Contribution Form.

What is your monthly household income?

<i>Example</i>	\$	2,500.00
Monthly gross wages (before taxes and deductions)	\$	.
Overtime	\$	.
Tips, commissions, and bonus income	\$	.
Other monthly income from retirement plans, pension plans, and veteran benefits	\$	.
Nontaxable Social Security and Social Security Disability Insurance	\$	.
Taxable Social Security benefits	\$	.
Boarder income	\$	.
Rental income	\$	.
Child support, alimony, and separate maintenance	\$	.
Food stamps and welfare	\$	.
Self-employment income	\$	.
Unemployment income	\$.
Other income, including investment income and royalties	\$.
Total		\$.

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If you have rental income from more than one property, there is an additional Schedule of Real Estate Owned form you may print and include with your application.

You can find it under **Documents and Forms** on wellsfargo.com/homeassist.

What are your household assets?

Checking account(s)	\$	.
Savings/money market account(s)	\$	.
Certificates of deposit (CDs)	\$	.
Stocks and bonds	\$	.
Other cash on hand	\$.
Estimated value of real estate beyond this property	\$.
Other	\$.
Total		\$.

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Do not include retirement plans when calculating assets (401(k), pension funds, IRAs, Keogh plans, etc.).

What are your monthly household expenses and debt?

First mortgage payment	\$	.
Property taxes	\$	.
Homeowners insurance	\$	.
Homeowners association fees and condominium and co-op fees	\$	.
Second mortgage payment	\$	.
Additional mortgage payments on other properties	\$	.
Rent	\$	.
Credit cards	\$	.
Installment loans	\$	.
Auto loans	\$	.
Auto leases	\$	.
Life insurance premiums <i>(not withheld from pay)</i>	\$.
Child support, alimony, and separate maintenance	\$.
Other	\$.
Total	\$.

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If you have more than one property, there is an additional Schedule of Real Estate Owned form you may print and include with your application.

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The second mortgage payment refers to a second mortgage on the same residence you are seeking assistance on (not another property).

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A fixed term installment loan usually requires a set of scheduled repayments over time, e.g., student loan.

Hardship affidavit

Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

<p>This hardship began: (MM/DD/YYYY)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30%; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> <td style="border: 1px solid black; width: 30%; height: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> <td style="border: 1px solid black; width: 100px; height: 30px; text-align: center;"> </td> </tr> </table>		/		/		<p>We believe that this hardship is:</p> <p><input type="checkbox"/> Short term (less than 6 months) <input type="checkbox"/> Long term or permanent hardship (12+ months)</p> <p><input type="checkbox"/> Medium term (6-12 months)</p>
	/		/			

We have difficulty making our monthly payment because of:
 Check all of the financial difficulties that are relevant to you and describe each in a few sentences.

<input type="checkbox"/> Reduced household income due to circumstances outside our control <ul style="list-style-type: none"> • Reduced pay or hours • Elimination of overtime 	<p><i>No hardship documentation required</i></p>		
<input type="checkbox"/> Increased housing expenses	<p><i>No hardship documentation required</i></p>		
<input type="checkbox"/> Employment relocation	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>For active duty service members:</p> <ul style="list-style-type: none"> • Notice of Permanent Change of Station (PCS) or actual PCS orders </td> <td style="width: 50%;"> <p>For employment transfers/new employment:</p> <ul style="list-style-type: none"> • Copy of signed offer letter or notice from employer showing transfer to a new employment location, or • Pay stub from new employer, • In addition to the above, documentation that reflects the amount of any relocation assistance </td> </tr> </table>	<p>For active duty service members:</p> <ul style="list-style-type: none"> • Notice of Permanent Change of Station (PCS) or actual PCS orders 	<p>For employment transfers/new employment:</p> <ul style="list-style-type: none"> • Copy of signed offer letter or notice from employer showing transfer to a new employment location, or • Pay stub from new employer, • In addition to the above, documentation that reflects the amount of any relocation assistance
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<input type="checkbox"/> Unemployment	<p><i>No hardship documentation required</i></p>		
<input type="checkbox"/> Natural or man-made disaster adversely impacting the property or 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"/> Business failure or decline in business earnings	<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"/> Divorce or legal separation, or separation 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"/> Long-term or permanent disability, or serious illness, affecting us or a dependent family member	<ul style="list-style-type: none"> • Proof of monthly insurance benefits or government assistance (if applicable), or • Written statement of other documentation verifying disability or illness, or • Doctor's certificate of illness or disability, or • Medical bills <p>Note: None of the above requires providing detailed medical information.</p>
<input type="checkbox"/> Death of either the primary or secondary wage earner in the household	<ul style="list-style-type: none"> • Death certificate, or • Obituary or newspaper article reporting the death
<input type="checkbox"/> Other	<ul style="list-style-type: none"> • Written explanation describing the details of the hardship and relevant documentation

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If you need more space, please feel free to document your hardship on a separate page and submit by mail.

Acknowledgment and agreement

I/We understand that I/we will be considered for all mortgage assistance options available to me/us. I/We certify as follows:

1. That all of the information in this affidavit is true and accurate and the events identified are the reason that I/we need to request a modification of the terms of my/our mortgage, short sale, or deed in lieu of foreclosure.
2. I/We understand that the Servicer may pull a current credit report on all borrowers obligated on the Note.
3. I/We understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud, or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement and may pursue foreclosure on my/our home and/or pursue any available legal remedies.
4. I/We are willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
5. I/We understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification, short sale, or deed in lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
6. If I/we are eligible for a modification, repayment plan, or forbearance plan, and I/we accept and agree to all terms of such plan, I/we 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.
7. My/Our first timely payment following my/our Servicer's determination and notification of my/our eligibility or prequalification for a modification, 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 modification, repayment plan, or forbearance plan.
8. I/We agree that when the Servicer accepts and posts a payment during the term of any repayment plan, modification, or forbearance plan, it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my/our loan or foreclosure action and related activities and shall not constitute a cure of my/our default under my/our loan unless such payments are sufficient to completely cure my/our entire default under my/our loan.
9. I/We agree that any prior waiver of an escrow account requirement for this loan may be revoked and an escrow account may be established, upon execution of this agreement, and in accordance with investor guidelines.
10. I/We understand that the Servicer will collect and record personal information, including, but not limited to, my/our names, address, telephone number, Social Security numbers, credit score, income, payment history, and information about account balances and activity. I/We understand and consent to the disclosure of my/our personal information to (a) any investor, insurer, guarantor, or Servicer that owns, insures, guarantees, or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (b) companies and/or individuals that perform support services in conjunction with home preservation mortgage assistance efforts; (c) auditors, including but not limited to independent auditors, regulators, and agencies; and (d) any HUD-certified housing counselor.
11. I/We understand that the Servicer may investigate the accuracy of my/our statements, including contacting my/our employer(s) for verification of employment and/or salary information, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate federal law and may result in foreclosure.

Borrower signature(s)

The undersigned certifies under penalty of perjury that all statements in this document are true and correct:

Borrower's signature		
<input type="text"/>		
Date (MM/DD/YYYY)		
<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>

Co-borrower's signature		
<input type="text"/>		
Date (MM/DD/YYYY)		
<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>