

Loan Number: _____

Borrower Financial Report

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to M&T Bank via mail: P.O. Box 840, Buffalo, NY 14240-0840, fax: 1-855-678-0866, or email (in PDF format): opsmtgsupport@mtb.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. Please retain a copy of all documents mailed.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact M&T Bank at 1-800-724-1633.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

If the borrower and co-borrower maintain separate households, each should complete a Borrower Financial Report. If there are three or more borrowers, please complete an additional Borrower Financial Report.

Borrower Information

Borrower Information

Borrower's Name: _____

Social Security Number: _____

E-mail Address: _____

Primary Phone Number: _____

Cell Home Work Other

Alternate Phone Number: _____

Cell Home Work Other

Preferred contact method (choose all that apply):

Cell phone Home phone Work phone Email

Are you a service member? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

Co-Borrower Information

Co-Borrower's Name: _____

Social Security Number: _____

E-mail Address: _____

Primary Phone Number: _____

Cell Home Work Other

Alternate Phone Number: _____

Cell Home Work Other

Preferred contact method (choose all that apply):

Cell phone Home phone Work phone Email

Are you a service member? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

Property Status

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner Occupied Renter Occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to my servicer Undecided

Is the property listed for sale? No Yes – If yes, provide the listing agent's name, phone number and email address:

Current Listing Price: \$ _____ Date Property was listed: _____

Property Information

Escrow and Homeowner Association Fees:

If the mortgage loan is not escrowed, indicate the monthly insurance premium: \$ _____

If the mortgage loan is not escrowed, indicate the tax amount: \$ _____ Yearly Monthly Quarterly Is

the property subject to condominium or homeowners' association (HOA) fees? No Yes – If yes, indicate monthly

dues: \$ _____

Borrower Employment Status

Borrower Employment Status (check box)

Self-Employed

- Date Business Began: _____

Employed

- Primary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____
- Secondary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____

Unemployed

- Date of Unemployment: _____
- Are you actively seeking employment?
 Yes No

Leave of Absence

- Date Anticipated to Return to Work: _____

Retired

Co-Borrower Employment Status (check box)

Self-Employed

- Date Business Began: _____

Employed

- Primary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____
- Secondary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____

Unemployed

- Date of Unemployment: _____
- Are you actively seeking employment?
 Yes No

Leave of Absence

- Date Anticipated to Return to Work: _____

Retired

Household Composition

How many people are living in the household, including **all** adults and children?

1 2 3 4 5 6 More than 6 – if more than 6, how many? _____

Contribution Amount

Amount of funds available toward arrears: \$ _____

Date Available: _____

Provide proof of the funds, such as a bank account or other financial statement.

Bankruptcy Information

Filed for Bankruptcy?

- Yes
- No

If yes, which chapter?

- Chapter 13
- Chapter 7

Filing Date: _____

Bankruptcy Case Number: _____

Attorney's Name and Telephone
Number: _____

Discharged Bankruptcy?

- Yes
- No

Date that the Bankruptcy was

discharged: _____

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Title

Are you or the co-borrower known by any other name?

Yes No

If yes, what other names are you or the co-borrower known by?

Transfer of Property:

Have you transferred the property (or any interest therein) to another person, company or trust?

Yes No

If yes, what is the name of the other person, company or trust you transferred title to?

Power of Attorney:

Will a Power of Attorney be used?

Yes No

- **If yes, you must provide a Recorded Copy of the Power of Attorney Document.**

Second Lien Information:

If there is a 2nd Lien associated with this property please provide the information below:

Lien Holder's Name: _____

Lien Holder's Phone Number: _____

Amount of Lien: \$ _____

Loan Number: _____

Marital Status

We are collecting the data on this form for the limited purpose for verifying your marital status so that we can determine whether additional signatures (besides yours) are required to close your loss mitigation option should you be approved.

Borrower Marital Status (check box)

Single

Married

- Date of Marriage: _____

- Maiden Name (if applicable): _____

- Spouse's Full Name (first, middle, last): _____

Divorced

- Date of Divorce: _____

- **If divorced, please send a Recorded Divorce Decree and Quit Claim Deed**

Separated

- Date of Separation: _____

- **If separated, please send a Recorded Separation Agreement and Quit Claim Deed**

Widowed

- Date of Death of the Deceased: _____

Co-Borrower Marital Status (check box)

Single

Married

- Date of Marriage: _____

- Maiden Name (if applicable): _____

- Spouse's Full Name (first, middle, last): _____

Divorced

- Date of Divorce: _____

- **If divorced, please send a Recorded Divorce Decree and Quit Claim Deed**

Separated

- Date of Separation: _____

- **If separated, please send a Recorded Separation Agreement and Quit Claim Deed**

Widowed

- Date of Death of the Deceased: _____

Hardship

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- A one-time occurrence (please explain on the next page)
- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

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TYPE OF HARDSHIP (CHECK ALL THAT APPLY) Please note: Types of Hardship Continue onto the next page	<u>REQUIRED</u> HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> ▪ Date of Unemployment: _____
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay, business failure)	<ul style="list-style-type: none"> ▪ Date of reduced income: _____ ▪ Amount reduced: _____ ▪ Explain: _____ _____
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> ▪ Date of increased expenses: _____ ▪ Amount increased: _____ ▪ Explain: _____ _____
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Date of Disaster: _____
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final Divorce Decree or Final Separation Agreement AND ▪ Recorded Quit Claim Deed
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation is not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded Quitclaim Deed OR ▪ Legally binding agreement 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 of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability illness ▪ NOTE: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate

Borrower Income

If there has been a change in your monthly income due to your stated hardship, input both the amount before and after the date of hardship to show the change. If your monthly income was not affected by the hardship, or there has been no change, mark N/A in the 'Before Date of Hardship' field.

INCOME TYPE	Before Date of Hardship	Current Income (After Date of Hardship)	REQUIRED INCOME DOCUMENTATION If you have listed an amount for a certain type of income you <u>must</u> provide us with the below corresponding documentation.
Borrower – Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses *Seasonal or School District Employees indicate number of months you are paid each year: _____ If you receive bonus/commission, what is the frequency (i.e.: weekly, quarterly, annually): _____ Are there any changes expected in employment status? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please explain: _____	\$	\$	<ul style="list-style-type: none"> You must provide us with the most recent pay stubs for the past 30 days including year to date income
Co-Borrower – Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses *Seasonal or School District Employees indicate number of months you are paid each year: _____ If you receive bonus/commission, what is the frequency (i.e.: weekly, quarterly, annually): _____ Are there any changes expected in employment status? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please explain: _____	\$	\$	<ul style="list-style-type: none"> You must provide us with the most recent pay stubs for the past 30 days including year to date income
Self-Employment Income (including 1099 employees) *List each business/1099 separately: #1: _____ #2: _____ #3: _____	\$	\$	<ul style="list-style-type: none"> You must provide us with the most recent yearly or quarterly Profit and Loss Statement signed and dated. You must provide us with the most recently filed Federal Business and Personal tax returns with all schedules signed and dated. You must provide us with all personal and business bank statements for two (2) months within the last 90 days and within the timeframe of the Profit & Loss Statement. If there are business deposits appearing on the personal bank statement, circle and label those deposits. Complete attached Profit & Loss Statement.
C-Corporation	\$	\$	<ul style="list-style-type: none"> You must provide us with both Federal Corporate and Personal Tax Returns with all schedules signed and dated. You must provide us with pay stubs for the last 30 days including year to date income.
Social Security, Pension, Long-Term Disability, Short-Term Disability, Death Benefits, Personal/Retirement Dependent SSI: Name: _____ D.O.B: _____ Name: _____ D.O.B: _____ Name: _____ D.O.B: _____ Total Supplemental SSI: \$ _____	\$	\$	<ul style="list-style-type: none"> You must provide us with documentation showing the amount and frequency of the benefits, such as letters, policy or benefit statements from the provider and documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. If there are deposits appearing on the bank statement, circle and label those deposits. If applicable, please check a box below for the length of time you will be receiving disability: <ul style="list-style-type: none"> <input type="checkbox"/> Short-Term (less than 12 months) <input type="checkbox"/> Long-Term (12 months or greater)

INCOME TYPE CONTINUED

Before
Date of
Hardship

Current
Income
(After Date
Of Hardship)

REQUIRED INCOME DOCUMENTATION

If you have listed an amount for a certain type of income you must provide us with the below corresponding documentation.

*Child Support:

List the names and dates of birth for all children for which child support is being received:

Name: _____

D.O.B: _____

Name: _____

D.O.B: _____

Name: _____

D.O.B: _____

Name: _____

D.O.B: _____

Name: _____

D.O.B: _____

\$

\$

- ***You do not have to provide Alimony, Child Support, or Separate Maintenance income or information if you, the borrower or co-borrower, do not wish to have that information considered for the repayment of this loan.**
- If you want this information considered for the repayment of this loan, **you must provide us with** a copy of a divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments, and the period of the time over which the payments will be received.
- If you want this information considered for the repayment of this loan, **you must provide us with** copies of your two most recent bank statements or other third-party documents showing receipt of payment.

*Alimony

\$

\$

Unemployment

\$

\$

- **You must provide us with** a copy of award letter, weekly or monthly amount. The letter must include the length of time the benefits are approved for.
- **You must provide us with** an affidavit signed by the Borrower, stating the date that the borrower became unemployed and stating that the Borrower is actively seeking and is available, for employment.

Non-Borrower Contribution

Name: _____

\$

\$

- **You must provide us with** a signed and notarized letter from the contributor stating the amount and frequency of their contribution.
- **Contributor must also sign the Certification, Authorization and Acknowledgement form in this packet.**
- **You must provide us with** proof of receipt of the contribution amount by the borrower, such as copies of the two most recent bank statements showing deposit amounts.
- If there are deposits appearing on the bank statement, circle and label those deposits.

Real Estate/Rental

\$

\$

- **You must provide us with** proof of deposit and a signed lease agreement with valid dates, or a notarized letter from the tenant that includes the address and the amount paid for rent, along with proof of rents received.

Other

\$

\$

- **You must provide us with** documentation to substantiate income source along with proof of funds received.

Borrower Expenses

If there has been a change in your monthly expenses due to your stated hardship, input both the amount before and after the date of hardship to show the change. If the monthly expense was not affected by the hardship, or there has been no change, mark N/A in the 'Before Date of Hardship' field.

EXPENSE TYPE	Before Date of Hardship	Current Expenses (After Date of Hardship)
Installment Debts (monthly payments)	Monthly Expenses	Monthly Expenses
Credit Card	\$	\$
Student Loans	\$	\$
Installment for Car #1	\$	\$
Installment for Car #2	\$	\$
Second Mortgage	\$	\$
Home Equity Loan	\$	\$
Other Loan #1	\$	\$
Other Loan #2	\$	\$
Total	\$	\$

Food, Clothing & Other	Monthly Expenses	Monthly Expenses
Food (out of pocket amount after any food stamps benefits)	\$	\$
Clothing	\$	\$
Laundry & Dry Cleaning	\$	\$
Housekeeping Supplies	\$	\$
Total	\$	\$

Utilities	Monthly Expenses	Monthly Expenses
Electric & Heating Fuel	\$	\$
Water & Sewer	\$	\$
Telephone/Cell Phone	\$	\$
Garbage	\$	\$
Security/Alarm	\$	\$
Cable TV/Satellite/Internet	\$	\$
Total	\$	\$

Transportation # of Vehicles: _____	Monthly Expenses	Monthly Expenses
Gas	\$	\$
Auto Insurance	\$	\$
Parking	\$	\$
Bus Fare	\$	\$
Subway/Train	\$	\$
Car Pool	\$	\$
Car Maintenance	\$	\$
Other	\$	\$
Total	\$	\$

EXPENSE TYPE	Before Date of Hardship	Current Expenses (After Date of Hardship)
Subject Property Expenses (only those expenses that are not escrowed/paid through the monthly mortgage payment)	Monthly Expenses	Monthly Expenses
Taxes (if not escrowed) Frequency: _____	\$	\$
Homeowner's Insurance (if not escrowed) Frequency: _____	\$	\$
HOA or Condo Fee Frequency: _____	\$	\$
Home Maintenance Frequency: _____	\$	\$
Total	\$	\$

Household Rental Expenses (only complete if you do not live in the subject property)	Monthly Expenses	Monthly Expenses
Monthly Rent	\$	\$
Renter's Insurance	\$	\$
Total	\$	\$

Other Miscellaneous	Monthly Expenses	Monthly Expenses
Child Support (if not deducted from pay check)	\$	\$
Alimony (if not deducted from pay check)	\$	\$
Dependents (not living at home)	\$	\$
Tuition/Other School Expenses	\$	\$
Life Insurance (if not deducted from pay)	\$	\$
Health/Dental Insurance (if not deducted from pay)	\$	\$
Medical and Dental (out of pocket)	\$	\$
Religious/Charity Contribution	\$	\$
Child Care	\$	\$
Other	\$	\$
Total	\$	\$

Authorization to release information: You may use the following authorization, at any time, to obtain any information you need in connection with my/our request.

To Whom It May Concern:

1. M&T Bank ("M&T"), any investor that makes or purchases my loan, and the mortgage insurer of my loan (if any), may verify information contained in my application and in other documents required in connection with my loan, either before or after my loan is closed.
2. I authorize you to provide to M&T and to any investor, to the mortgage insurer of my loan (if any), and to the servicer of my loan, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income, any deposit or investment account balances, and credit history.
3. M&T or any investor of my loan or the mortgage insurer of my loan (if any) may address this authorization to any party in possession of any of the above information.
4. A copy of this authorization may be accepted as an original.

Borrower Consent to the Use of Tax Return Information:

Borrower understands, acknowledges, and agrees that the Lender and Other Loan Participants can obtain, use and share Borrower's tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

I further certify that, to the best of my knowledge and belief, the information in this affidavit is true, complete, and correct.

Borrower	Date	SS Number

Co-Borrower	Date	SS Number

If you are not obligated under the terms of the loan and want to have your financial information considered for this request, please authorize by signing below.

Additional Contributor	Date	SS Number

Loan Number _____

Please submit your completed application, together with the required documentation, to M&T Bank via mail: P.O. Box 840, Buffalo, NY 14240-0840, fax: 1-855-678-0866, or email (in PDF format): opsmtgsupport@mtb.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.