

Loss Mitigation Retention Package Checklist

Listed below are **ALL** of the items we **MUST** receive before we can review your request. Depending on your individual circumstances, additional information may be required. **ALL** borrowers on the loan must provide a full package.

Please checkmark each box on the supporting documents provided.

- ☐ **Guild Financial Statement** (Enclosed)
- ☐ **Hardship Letter** (Please sign and date)
- ☐ **Proof of Hardship:** Documentable proof must be provided. For example: Divorce decree, unemployment award letter, medical bills, proof of reduction of income, etc.
Job: Copy of your two months' most recent **consecutive** paystubs that show year-to-date earnings.
Self-Employed: Signed and dated quarterly Year-to-date Profit and Loss (P&L) Statement. Four months' most recent Business Bank Statements.
Social Security, Disability, Pension, Retirement, Unemployment, Public Assistance: Copy of benefits statement / Award letter from provider that states the amount, frequency, and duration of the benefit.
Child Support or Alimony: Copy of divorce or other court decree; or separation agreement or other written agreement filed with the court that states the amount and period of time over which it will be received.
Other Income – Specify _____
- ☐ **Verification of Unemployment** (if applicable) (Enclosed)
- ☐ **Bank Statements:** Two (2) months of the most recent and consecutive **ACTUAL** bank statements for all accounts. Transaction listings are not acceptable. The statement must show the bank's logo and ownership of the accounts. Be sure to send all pages of each statement.
- ☐ **Tax Returns:** Last two (2) years of your complete and signed Tax Returns.
- ☐ **Request for Mortgage Assistance (RMA)** (Enclosed)
- ☐ **Statement of Information** (for GNMA loans only) (Enclosed)
- ☐ **Verification of HOA (Homeowners Association) Dues:** You must submit a copy of your Homeowners Association statement that shows current or delinquent (if applicable). If HOA is delinquent, provide active payment plan.

Please submit this Checklist along with your documentation.

What is the best phone number to reach you? () _____

What is the best time to reach you? _____ ☐ am ☐ pm

REMINDER

Ensure all requested documentation is submitted

For more information in submitting these documents, see our helpful videos available at

<http://www.guildmortgage.com/help-center/hardship-assistance/>

**BORROWER'S FINANCIAL STATEMENT**

Loan Number _____

| Borrower's Information | | | |
|--|-----------|--|-----------|
| Borrower: | | Co-Borrower: | |
| Social Security: | | Social Security: | |
| Home Phone Number: | | Home Phone Number: | |
| Work Number: | | Work Number: | |
| Email Address: | | Email Address: | |
| Property Address: | | | |
| Borrower Mailing Address (if same as Property Address, leave blank): | | | |
| Co-Borrower Mailing Address (if same as Property Address, leave blank): | | | |
| Employer: | How Long: | Employer: | How Long: |
| Occupation: | | Occupation: | |
| Number of People in Household: | | | |
| Number of Dependents in Household: | | | |
| Borrower: Do you occupy the Property? | | Co-Borrower: Do you occupy the Property? | |
| Borrower: Do you wish to retain the Property (Y/N)? | | Co-Borrower: Do you wish to retain the Property (Y/N)? | |
| Is the Property listed for sale? | | If Yes, provide Agent's Name: | |
| Agent's Phone Number: | | Agent's Email: | |
| Borrower's Financial Information | | | |
| <i>Supporting documentation is needed for the following disclosed income</i> | | | |
| BORROWER | | BORROWER | |
| Monthly Net Pay | \$ | Monthly Net Pay | \$ |
| Overtime Wages/Commissions: | \$ | Overtime Wages/Commissions: | \$ |
| Frequency of Pay: | \$ | Frequency of Pay: | \$ |
| Unemployment Income: | \$ | Unemployment Income: | \$ |
| Disability Income / SSI: | \$ | Disability Income / SSI: | \$ |
| Child Support / Alimony: | \$ | Child Support / Alimony: | \$ |
| Rental Income: | \$ | Rental Income: | \$ |
| Welfare/Food Stamps: | \$ | Welfare/Food Stamps: | \$ |
| Other: | \$ | Other: | \$ |
| Total: | \$ | Total: | \$ |

| Monthly Expenses | |
|--|----|
| Mortgage | \$ |
| Other Property Payments**** | \$ |
| Other Liens**** | \$ |
| Car Loan | \$ |
| Car (Insurance and Fuel) | \$ |
| Credit Cards | \$ |
| Child Care**** | \$ |
| Child Support**** | \$ |
| Alimony**** | \$ |
| Personal Loan**** | \$ |
| Food | \$ |
| Utilities/Telephone/Cable | \$ |
| Homeowner's Association Dues | \$ |
| Medical (paid out of pocket)**** | \$ |
| Student Loan <i>(if deferred over 12 months provide proof)</i> | \$ |
| Other | \$ |
| Total | \$ |

**** For any disclosed expenses exceeding \$200.00 per month, please provide supporting documentation

| Assets (fill out for non-retention only) | |
|--|-----------------|
| Type | Estimated Value |
| Home | \$ |
| Checking / Savings Account | \$ |
| Other Property | \$ |
| Boats / RVs | \$ |
| Retirement / 401k | \$ |
| Stocks / Bonds / CDs | \$ |
| Total | \$ |

| Liabilities (fill out for non-retention only) | |
|---|-------------------|
| Type | Payment per month |
| Other Property | \$ |
| Other Liens | \$ |
| Car Loan | \$ |
| Credit Cards | \$ |
| Personal Loans | \$ |
| Homeowner's Association Dues | \$ |
| Medical | \$ |
| Other | \$ |
| Total | \$ |

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the servicer of my (our) mortgage loan on my (our) behalf will be relied exclusively on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent and/or third parties (if applicable).

Note: If you are approved, the retention workout that will be offered to you will be determined by your monthly income and expenses. Please be accurate in reporting your monthly expenses. Any false statements or deliberate misrepresentation of qualifying status will result in disqualification.

By: _____ Date: _____
Signature of Borrower

By: _____ Date: _____
Signature of Borrower

▶ Loan I.D. Number _____ ▶ Servicer _____

| BORROWER | CO-BORROWER |
|------------------------|------------------------|
| Borrower's name | Co-borrower's name |
| Social Security Number | Social Security Number |

Property address (include city, state and zip): _____

| | | | |
|----------------------------|--|--|--|
| <i>I want to:</i> | <input type="checkbox"/> Keep the Property | <input type="checkbox"/> Sell the Property | |
| <i>The property is my:</i> | <input type="checkbox"/> Principal Residence | <input type="checkbox"/> Second Home / Seasonal Rental | <input type="checkbox"/> Year-Round Rental |
| <i>The property is:</i> | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Tenant Occupied | <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____ |

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable (MHA) Program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

| | |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago. | <input type="checkbox"/> Other: _____ |

Explanation (continue on back of page 3 if necessary): _____

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 _____

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

Has the mortgage on your principle residence ever had a Home Affordable Modification Program (HAMP) trial-period plan or permanent modification? ☐ Yes ☐ No

Has the mortgage or any other property that you or any co-borrower own had a permanent HAMP modification? ☐ Yes ☐ No
If "Yes", how many? _____

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 respective 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.

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

RENTAL PROPERTY CERTIFICATION

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

- ☐ By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property having the address set forth above and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

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 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 principal 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 date listed below or the date the Hardship Affidavit is received by your servicer.

Initials: Borrower _____ Co-borrower _____

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 |

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 | Interviewer's Name (print or type) & ID Number | Name/Address of Interviewer's Employer |
| | Interviewer's Signature Date | |
| | Interviewer's Phone Number (include area code) | |

ACKNOWLEDGEMENT AND AGREEMENT

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, 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 or other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, 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 MHA and the accuracy of my statements and any documentation that I provide in connection with my request for 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 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.
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 Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me 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 assistance under MHA, and I accept and agree to all terms of an MHA 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 my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this Hardship Affidavit 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 the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, 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 the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

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

Borrower Signature

Social Security Number

Date of Birth

Date

Co-borrower Signature

Social Security Number

Date of Birth

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, 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 1-888-995-HOPE (4673). The Hotline can help with 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 your occupancy of your property, 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 my Servicer 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 misrepresentations 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.sigtar.gov and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220



Beware of Foreclosure Rescue Scams. Help is FREE!

There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.

Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan

Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.

Never make your mortgage payments to anyone other than your mortgage company without their approval.

STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION STATEMENT TO BE USED IN CONNECTION WITH ORDER NO: 00293655-995-ND
COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU.

THE STREET ADDRESS of the property in this transaction is:

IF NONE LEAVE BLANK

ADDRESS:

CITY:

IMPROVEMENTS: D SINGLE RESIDENCE D MULTIPLE RESIDENCE D COMMERCIAL
OCCUPIED BY: D OWNER D LESSEE D TENANTS
ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: D YES D NO

NAME

SPOUSES NAME

FIRST MIDDLE LAST

FIRST MIDDLE LAST

BIRTHPLACE BIRTH DATE

BIRTHPLACE BIRTH DATE

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NO. _____

DRIVER'S LICENSE NO. _____

WIFE'S MAIDEN NAME: _____

WE WERE MARRIED ON

AT

RESIDENCE(S) FOR LAST 10 YEARS

NUMBER AND STREET

CITY

FROM

TO

NUMBER AND STREET

CITY

FROM

TO

NUMBER AND STREET

CITY

FROM

TO

NUMBER AND STREET

CITY

FROM

TO

OCCUPATION(S) FOR LAST 10 YEARS

HUSBAND

PRESENT OCCUPATION

FIRM NAME

ADDRESS

NO. OF YEARS

PRIOR OCCUPATION

FIRM NAME

ADDRESS

NO. OF YEARS

PRIOR OCCUPATION

FIRM NAME

ADDRESS

NO. OF YEARS

WIFE

PRESENT OCCUPATION

FIRM NAME

ADDRESS

NO. OF YEARS

PRIOR OCCUPATION

FIRM NAME

ADDRESS

NO. OF YEARS

PRIOR OCCUPATION

FIRM NAME

ADDRESS

NO. OF YEARS

FORMER MARRIAGES: IF NO FORMER MARRIAGES, WRITE "NONE": _____

NAME OF FORMER SPOUSE _____

IF DECEASED: DATE

WHERE

CURRENT LOAN ON PROPERTY

PAYMENTS ARE BEING MADE TO: _____ 2. _____

1. _____ 3. _____

HOMEOWNERS ASSOCIATION _____

NUMBER: _____

DATE _____ SIGNATURE _____

HOME PHONE _____ BUSINESS PHONE _____

Verification of Unemployment

(fill out *only* if you are unemployed)

Borrowers Name: _____ Loan Number: _____

Please read carefully and complete all statements that apply:

1. () I am currently unemployed but am receiving or eligible to receive unemployment benefits and /or other compensation based on employment history
2. () I am currently unemployed and am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history

I certify that the information presented in this affidavit is true and accurate to the best of my knowledge.

Signature

Date



VERIFICATION OF CURRENT EMPLOYMENT

Name(s):

Guild Loan Number:

Name of Employer:

Employer's Address:

Employer Telephone Number/Extension:
(for verification purposes)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature

Date

Signature

Date