



Loan Number:

Important Application Information

To avoid delays, please make sure **all** pages are complete, accurate, and signed or initialed where indicated.

- Send all forms and documents at ONE time, and send all pages of requested documents.
- Keep a complete copy of what you send to us.
- Be sure to initial, sign and date forms as indicated.

Where to Send Your Application

Fax or Email - for *fastest* processing

or

Regular Mail

Fax: **407.737.6352**
 Email: **rma@ocwen.com**

Ocwen Loan Servicing
 Attn: Home Retention Department
 1661 Worthington Road, Suite 100
 West Palm Beach, FL 33409

Questions? Call us toll-free at **800.746.2936**.

We are available Monday through Friday 8 am to 9 pm or Saturday 8 am to 5 pm ET.

OCWEN CUSTOMER HARDSHIP ASSISTANCE PACKAGE

SECTION 1

STATEMENT OF INTENTION

What are your intentions
 Regarding this property?

KEEP (Modify)

GIVE BACK (Deed-in-Lieu)

SELL (Short Sale)

If you have multiple properties with Ocwen, would
 you like to use these documents on those loans?

Yes
 No

If Yes, list all associated loan numbers

SECTION 2

BORROWER INFORMATION FORM

Borrower(s) Name			
Social Security Number			
Home Phone Number			
Cell or Work Number			
Email Address			

Property Address:

Mailing Address: If same as Property Address, check here.

Have you filed for bankruptcy? Yes No If yes Chapter 7 Chapter 11 Chapter 12 Chapter 13

If yes, what is the filing Date: _____ Has your bankruptcy been discharged? Yes No Bankruptcy case number:



Loan Number:

SECTION 3 **PROPERTY, OCCUPANCY AND RENTAL INFORMATION FORM**

Do you occupy this property as a Primary Residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been temporarily displaced and intend to occupy this property as a Primary Residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please briefly describe the reason for displacement. Please include whether or not any borrower is an active duty service member or a surviving spouse of a deceased service member who was on active duty at the time of death.		
If you do NOT occupy the property, what is the total monthly rent or mortgage payment where you currently live? \$ _____ .00		
Do you have any other debts or obligations secured by this property (i.e. second mortgage, home equity loan, judgments or liens)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please itemize these debts or obligations below:		
Debt Obligations		Amount (\$)
Do you own any other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many? _____. If yes, please complete the following items:		
Other Property Address	Monthly Mortgage Payment	Rental Income Received
		Is the Property Currently Vacant?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE – Please attach a separate sheet of paper with details related to any additional properties, additional co-borrowers, or non-borrowers.

SECTION 4 **HOUSEHOLD ASSETS AND EXPENSES FORM**

Combined Assets Round all figures to the nearest dollar		Monthly Expenses Round all figures to the nearest dollar	
Total \$ in Checking Account(s)	\$	Credit Cards/Installment Debt	\$
Total \$ in Savings Account(s)	\$	Child support/ Alimony / Dependent Care	\$
Money Market, Stock, Bonds & CD's Value/Amount	\$	Car and Auto/Food/Household/Utilities/Water/Sewer/Phone Expenses	\$
Estimated Value of Real Estate Owned	\$	Homeowner Association Fees (HOA)	\$
Other Cash on Hand	\$	Other Loans (excluding Mortgage)	\$
Other	\$	Other	\$
Assets TOTAL	\$ _____ .00	Expenses TOTAL	\$ _____ .00



Loan Number:

SECTION 5		MONTHLY INCOME FORM					
ALL figures should represent the total amount received per month for that income category							
	Primary Borrower Name		Co-Borrower One Name		Co-Borrower Two Name		
Employer Name*							
Base Pay/Salary (Monthly gross amount before deductions)	\$		\$		\$		
Hire Date	____ ____ ____ MM DD YY		____ ____ ____ MM DD YY		____ ____ ____ MM DD YY		
How often are you paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks		<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks		<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month
Self-Employment Income	\$		\$		\$		
Unemployment Benefits	\$		\$		\$		
Public Assistance/Food Stamps	\$		\$		\$		
Social Security Benefits	\$		\$		\$		
Disability Benefits: (check one) <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> 1 Year or Greater	\$		\$		\$		
Supplemental Security Income (SSI)	\$		\$		\$		
Pensions, Annuities, or Retirement Plans	\$		\$		\$		
Alimony	\$		\$		\$		
Child Support	\$		\$		\$		
Monthly Gross Rental Income from all Properties	\$		\$		\$		
Other Income – Examples: Investment, Interest, Dividends,	\$		\$		\$		
Total (Gross Income)	\$ _____ .00		\$ _____ .00		\$ _____ .00		
*If there are more than one employer, please provide additional information on a separate sheet.							



Loan Number:

SECTION 6 **HARDSHIP STATEMENT**

Date hardship began (MM|YY): _____|_____

The hardship is/was: Short-term (under 6 months) Medium-term (6-12 months) Long-term or permanent hardship (12 months +)
 Has the reason for the hardship been resolved? Yes No

Reason for Hardship Check ALL that apply below and add description if needed	Documentation Needed Documents to include with your application
<input type="checkbox"/> Household income has declined	No hardship documentation required
<input type="checkbox"/> Reduction in hours with current employer <input type="checkbox"/> Current year <input type="checkbox"/> Prior Year	No hardship documentation required
<input type="checkbox"/> Expenses have increased	No hardship documentation required
<input type="checkbox"/> Cash reserves, including all liquid assets, are insufficient to maintain the current mortgage payment and cover basic living expenses at the same time.	No hardship documentation required
<input type="checkbox"/> Monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.	No hardship documentation required
<input type="checkbox"/> Death of primary or secondary wage earner	<input type="checkbox"/> Death Certificate OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Divorce/separation	<input type="checkbox"/> Divorce Decree copy signed by the court; OR <input type="checkbox"/> Separation Agreement copy signed by the court; OR <input type="checkbox"/> Current credit report copy evidencing divorce, separation, or non-occupying borrower has a different address
<input type="checkbox"/> Disability or serious injury of a borrower or family member * No documentation needed shall require providing detailed medical information.	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying Disability; OR <input type="checkbox"/> Doctor's certificate of injury or Disability OR <input type="checkbox"/> Copies of Medical Bills
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting my property or place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business loan; OR <input type="checkbox"/> Borrower or employee property located in a Federally Declared Disaster Area
<input type="checkbox"/> Distant Employment Transfer/Relocation	<input type="checkbox"/> For active-duty Service members: Notice of Permanent Change of Station (PCS) or actual PCS orders. <input type="checkbox"/> For employment transfer/new employment: <input type="checkbox"/> Signed offer letter copy or notice from employer showing transfer to a new employment location: OR <input type="checkbox"/> Paystub from new employer; OR <input type="checkbox"/> If none above apply, provide written explanation <input type="checkbox"/> In addition to the above, documentation showing the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business failure	<input type="checkbox"/> Federal Tax Return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent Bank Statement for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date Profit and Loss statement



Loan Number:

SECTION 6		HARDSHIP STATEMENT	
<input type="checkbox"/> I am unemployed and receiving benefits			
<input type="checkbox"/> I am/was receiving unemployment benefits from _____ _____ _____ to _____ _____ _____		No hardship documentation required	
Start Date (MM DD YY) End Date (MM DD YY)			
<input type="checkbox"/> I am unemployed and NOT receiving benefits		No hardship documentation required	
<input type="checkbox"/> Other Hardship(s) – describe below:		<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation. Space provided below.	
Hardship Explanation (continue on a separate sheet of paper if necessary)			

SECTION 7		INCOME DOCUMENTATION REQUIRED	
ANY and ALL borrowers or Contributors must report and provide evidence of ALL income sources			
IMPORTANT – Avoid processing delays by providing COMPLETE documentation as described below. Include ALL pages of any statements.			
Income Record Type - Check all that apply	Documentation Required - Please provide for each borrower		
<input type="checkbox"/> PROFIT AND LOSS STATEMENT {If Self-Employed}	<ol style="list-style-type: none"> Complete, signed individual federal income tax return and, as applicable, the business tax return, AND Either the last three monthly Profit and Loss Statements OR one for the most recent quarter, OR copies of bank statements for the business account for the last two months evidencing continuation of business activity. Include only business related gross/net income and itemized expenses. 		
<input type="checkbox"/> BASE PAY – SALARY/HOURLY WAGE INCOME	Paystubs dated within 90 days which shows at least 30 days of Year-to-Date income.		
<input type="checkbox"/> UNEMPLOYMENT BENEFITS	Award letter showing the amount, frequency, and duration of benefits that have begun or will begin in 60 days		
<input type="checkbox"/> PUBLIC ASSISTANCE & FOOD STAMPS; SOCIAL SECURITY RETIREMENT, SURVIVORS, OR DISABILITY BENEFITS; SUPPLEMENTAL SECURITY INCOME; WORKERS' COMPENSATION; PENSIONS, ANNUITIES, OR RETIREMENT PLANS; AND/OR ADOPTION ASSISTANCE	Examples include exhibits, disability policy or benefits statement(s) from provider AND proof of receipt of payment (such as two most recent bank statements or deposit advice dated within 90 days)		
<input type="checkbox"/> ALIMONY, CHILD SUPPORT, OR MAINTENANCE PAYMENTS	<ol style="list-style-type: none"> Copy of divorce decree, separation agreement, or other written legal agreement filed with the court documents must show the amount of payments AND the period of time that you are entitled to payment(s) AND Copies of two most recent bank statements, deposit advices showing receipt of payment, cancelled checks, or third party documentation dated within 90 days. <p>NOTE – Alimony, child support or separate maintenance income need not be disclosed if it is not to be considered for repaying the mortgage debt.</p>		
<input type="checkbox"/> MONTHLY GROSS INCOME FROM RENTAL PROPERTIES	<ol style="list-style-type: none"> Copy of the most recent filed federal tax return with all schedules, including Schedule E - Supplemental Income and Loss OR If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current Lease Agreement (All pages) AND one bank statement showing deposit of rent checks OR rent receipts. 		
<input type="checkbox"/> Other Income - Investment, Interest Dividends, Royalty, overtime, Bonuses, Commissions, Etc.	Proof of payment receipt (such as a two most recent investment or bank statements or deposit advice, dated within the last 90 days). Must include source, amount, and frequency.		



Loan Number:

SECTION 8 **NON-BORROWER Authorization**
 Complete if including income from a non-borrower (person(s) not on loan)

IMPORTANT - Ocwen cannot consider non-borrower income UNLESS this authorization form is completed.

A **non-borrower** is defined as someone who may live at the borrower's primary residence, but is not on the original mortgage loan/note (and may or may not be on the original security instrument), but whose income is used to support the mortgage payment or monthly expenses.

Note: Without these authorizations, non-borrower income cannot be considered, and may result in a delay in processing your application.

Non-Borrower 1	Non-Borrower 2
Print Name _____	Print Name _____
Amount contributing towards the mortgage payment _____	Amount contributing towards the mortgage payment _____

I confirm that I contribute towards the mortgage payments and consent to the use of my contribution for the calculation of monthly income. I will also provide any supporting documentation showing my monthly income as referenced in Section 7. I authorize and give permission to the Servicer and their respective agents, to assemble and use a current consumer report if necessary as part of this assistance review. I understand that you may collect and record personal information that I submit, including but not limited to my name, address, and income information. I understand and consent to the disclosure of my personal information to third parties, including but not limited to, the Servicer and their respective agents, successors, and assigns, any investor, insurer, guarantor, state HFA or any HUD-certified housing counselor.

 Non-Borrower 1
 Signature

_____|_____|_____
 Date(MM|DD|YY)

 Non-Borrower 2
 Signature

_____|_____|_____
 Date(MM|DD|YY)

SECTION 9 **BORROWER /CO- BORROWER ACKNOWLEDGEMENT AND AGREEMENT**

I certify, acknowledge, and agree to the following:

1. All of the information in this Request for Mortgage Assistance is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer or authorized third party communications. An authorized third party may include, but is not limited to, those outlined in the Authorization to Release Information, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting in obtaining mortgage assistance.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage assistance or if I do not provide all required documentation, the servicer may cancel any mortgage assistance offer granted and may pursue foreclosure on my property and/or pursue any available legal remedies allowable under federal and state law.
5. 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.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgement and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
7. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
8. A condemnation notice has not been issued for the property.
9. The servicer or authorized third party may obtain a current credit report on all borrowers obligated on the Note.



Loan Number: _____

SECTION 9

BORROWER /CO- BORROWER ACKNOWLEDGEMENT AND AGREEMENT

10. The servicer and its respective agents, successors, and assigns or authorized third party will collect and record personal information that I submit in this Request for Information and during the evaluation process, I am authorizing these respective parties to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan including, but not limited to the evaluation of this assistance application. This personal information contained in or related to the mortgage loan including but not limited to the evaluation of this assistance application. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security Number, (c) my credit score/credit report, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or mortgage assistance that I receive to the following:

- a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services for them,
- b. State HFA or any HUD-certified housing counselor, and
- c. The authorization includes but is not limited to any parties listed below.

Counseling Agency

Other Third Party viz. Authorized Agent/ Realtor/ Broker

Agency/ Third Party Contact Name & Phone Number

Agency/ Third Party Email Address

In addition to this financial statement and its attachments, there may be times when additional information is needed to review the situation thoroughly and my information may be provided to complete the review, such as (a) Ordering credit reports, (b) verifying bank accounts in this disclosure, and (c) obtaining any other information necessary to properly analyze this request.

BY SIGNING BELOW I UNDERSTAND AND AGREE WITH THE TERMS OF THIS AUTHORIZATION TO RELEASE INFORMATION

11. I consent to be contacted concerning this request for mortgage assistance or any other loan related matter at any telephone number, including mobile telephone number, or email address I have provided to the lender/servicer/or authorized third party* by checking this box, I also consent to being contacted by text messaging.



Signature

_____|_____|_____|

Date (MM|DD|YY)



Signature

_____|_____|_____|

Date (MM|DD|YY)



Signature

_____|_____|_____|

Date (MM|DD|YY)

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.