## **UNIFORM BORROWER ASSISTANCE FORM**

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

On Page 2 you must disclose information about <u>all</u> of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for assistance

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T; (3) required income documentation, and (4) required hardship documentation.

Loan Number (usually found on your monthly statement)									
I want to:	□ Keep th	ne Property	☐ Sell th	ne Property	☐ Surrender th	ne Property	☐ Undecided		
	tly: 🗆 My Primary Residence 🗀 A Seco								
This property is currently: ☐ Owner Occupied ☐ Tenant Occupied ☐ Vacant									
BORROWER				CO-BORE	OWER				
BORROWER'S NAME				CO-BORROV	VER'S NAME				
SOCIAL SECURITY NUMBER	DATI	E OF BIRTH		SOCIAL SECUF	RITY NUMBER	DATI	E OF BIRTH		
HOME PHONE NUMBER WITH AR	EA CODE			HOME PHONE	NUMBER WITH ARE	EA CODE			
CELL OR WORK NUMBER WITH AREA CODE			CELL OR WORK NUMBER WITH AREA CODE						
MAILING ADDRESS									
PROPERTY ADDRESS (IF SAME AS	MAILING ADDI	RESS, JUST WRITE SAI	ME)		EMAIL ADDRESS				
Is the property listed for sale?			Have you contacted a credit-counseling agency for help?						
Do you have condominium or Total amount: \$ Name and address that fees a		Paid 🛚 Mon	thly 🛮 Qu	uarterly 🗆 An	nually				
Have you filed for bankruptcy If yes: Has your bankruptcy been dis		Chapter 7 🗆 Cha	pter 13		ase number:				
Are you currently, or have you Do you anticipate being active					s 🗆 No				

Monthly Household  Monthly Gross Wages  Overtime / Tips / Commissions  Child Support / Alimony*	s s s	First Mort	nthly Housel	hold Expens	ses		ets (associated with	
Overtime / Tips / Commissions	\$ \$		gago Paymont			Household Assets (associated with the property and/or borrower(s)		
	\$	Second M	gage rayinent	\$		Checking Account(s)	\$	
Child Support / Alimony*	\$	Second Mortgage Payment		\$		Savings Account(s)	\$	
		•	er's Insurance	\$		IRA / 403/ Money Market	\$	
Non-taxable social security/SSDI	\$	Property Taxes		\$		401k Balances	\$	
Pension / Retirement / Annuities	\$	Credit Cards /Installment Loans ((total mo. min.		\$		Stocks / Bonds / CDs	\$	
Unemployment Income	\$	Child Support/		\$		Cash Value of Life Insurance	\$	
Self Employed Income	\$	Auto Loan or Lease		\$		Other Real Estate (estimated value)	\$	
Rental Income	\$	HOA/Condo Fees/Property				Other Cash on Hand	\$	
Other		Mortgage/loans on other properties		S				
Total (Gross income)	\$	Total Debts				Total Assets	\$	
			Monthly	Living Exper	nses			
Utilities (Electricity/Gas/Oil/Water/Sewer)	\$	Auto Insurance Child Care		\$		Food	\$	
Cable TV/ Phone/ Internet	\$			\$		Transportation (gas/auto maintenance)	\$	
Clothing	\$	Medical/Dental		\$		inaliteriance)	\$	
*Notice: Alimony, child support, or	separate mainte	enance inco	me do not need	to be revealed	if you do	not choose to have it considere	ed for repaying this loan.	
	Any ot	her liens	(mortgage lie	ens, mechan	ics liens,	, tax liens, etc.)		
Lien Holder's Name	Balance and Interest Rate Loan Number			Lien Holder's Phone Number				
			Required In	como Doc	umonta	tion		
□ Do you earn a salary or hourly wage?  How often are you paid? □ Monthly □ Semi-Monthly □ Bi-weekly □ Weekly □ Other  For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stubs that reflect at least 30 days of year-to-date earnings for each income source for each borrower.  NOTE – the oldest paystub must be within 45 days from the date of receipt of this application.			☐ Are you self-employed?  Please supply a signed and dated year-to-date Profit and Loss Statement for the current year. Additionally you must document your ownership percentage of the business and the two (2) most recent business bank statements. If you do not supply a Profit and Loss for the entire year, you must provide documentation why year-to-date information was not provided. Profit and Loss statements must be for at least a 90 day period. Requests for assistance between January 1 <sup>st</sup> and March 31 <sup>st</sup> must include the full prior year's Profit and Loss statement.					
If Teacher, Number of Paycheck		Year: _		-				

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	Do you have any additional sources of income? Provide for each borrower as applicable:							
	"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:							
	☐ If you receive bonuses, commissions, tips, etc. please provide documentation detailing the amount and frequency of these other income types. If applying for assistance between January 1 <sup>st</sup> and March 31 <sup>st</sup> , you must include the final paystub from the prior year that includes the year-to-date amounts of all "other" income types.							
	Social Security, disability or death benefits, pension, public assistance, adoption assistance or other income types:							
	□ Documentation showing the amount and frequency of the benefits/income, such as awards letter, exhibits, disability policy or benefits statement from the provider, and							
	☐ Proof that benefits will continue for at least 12 additional months or on an ongoing basis.							
	Rental income:							
	□ Copy of current signed lease agreements for all rented properties that show the address of the property rented, monthly rent amount, tenant name and expiration of the lease agreement. NOTE – if the lease agreement is expired and/or on a month-to-month cycle, we must also receive 2 most recent bank statements showing receipt of the rent payments and documentation the tenant is still occupying the property.							
	☐ If rentals are weekly or seasonal, please provide a detailed, signed and dated year-to-date Profit and Loss statement. (Must cover a minimum 90 day period and if applying between January 1 and March 31 <sup>st</sup> , please provide prior year's year-to-date Profit and Loss statement.)							
	Investment income:							
	☐ Copies of the two most recent investment statements or bank statements supporting receipt of this income source.							
	Alimony, child support, or separation maintenance payments as qualifying income:*							
	□ Copy of 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 time over which the payments will be received.							
	*Notice: Alimony, child support, or separate maintenance income do not need to be revealed if you do not choose to have it considered for repaying this loan.							

## HARDSHIP AFFIDAVIT (Provide a written explanation with this request describing the specific nature of your hardship.) I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent assistance. Please briefly document the reason you are requesting assistance: Date Hardship Began is: \_ I believe that my situation is: Short-term (under 6 mo.) Long-term or Permanent Hardship (greater than 6 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 Hardship is: Then the Required Hardship Documentation is: ■ Unemployment No hardship documentation required Underemployment □ No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section ☐ No hardship documentation required, as long as you have submitted the ☐ Income reduction (e.g., elimination of overtime, reduction in regular working income documentation that supports the income described in the Required hours, or a reduction in base pay) Income Documentation section □ Divorce or legal separation; Separation of □ Divorce decree signed by the court; OR Borrowers unrelated by marriage, civil ☐ Separation agreement signed by the court; OR union or similar domestic partnership ☐ Current credit report evidencing divorce, separation, or non-occupying under applicable law 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 ☐ Death of a borrower or death of either □ Death certificate the primary or secondary wage earner in the household □ Long-term or permanent disability; □ Proof of monthly insurance benefits or government assistance (if applicable); Serious illness of a borrower/coborrower or dependent family member Written statement or other documentation verifying disability or illness; OR Medical bills None of the above shall require providing detailed medical information. □ Disaster (natural or man-made) adversely ☐ Insurance claim; OR impacting the property or Borrower's ☐ Federal Emergency Management Agency grant or Small Business place of employment Administration loan; OR ☐ Borrower or Employer property located in a federally declared disaster area □ Distant employment transfer ■ No hardship documentation required ■ Business Failure ☐ Tax return from the previous year (including all schedules) AND ☐ Proof of business failure supported by one of the following: □ 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 year-to-date profit and loss □ Other: a hardship that is not covered ☐ Written explanation describing the details of the hardship and relevant above documentation

## Borrower/Co-Borrower Acknowledgement and Agreement

- 1. I certify that all of the information in this Borrower Assistance Form is truthful and the hardship(s) identified within has contributed to submission of this request for assistance.
- 2. I understand and acknowledge that SunTrust Bank, owner or guarantor of my loan, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable laws.
- 3. I understand SunTrust Bank will obtain a current credit report on all borrowers obligated on the Note.
- 4. I understand that if I have intentionally defaulted on my existing loan agreement, engaged in fraud or misrepresented any fact(s) in connection with this request for assistance or if I do not provide all required documentation, SunTrust may cancel any assistance granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
- 5. I certify that my property has not received a condemnation notice.
- 6. I certify that I am willing to provide all requested documents and to respond to all SunTrust Bank communications in a timely manner. I understand that time is of the essence.
- 7. I understand that the SunTrust Bank will use this information to evaluate my eligibility for available assistance and foreclosure alternatives, but SunTrust Bank 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. If I am eligible for a modification or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this application are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment under the plan and the appropriate signed agreement, where applicable, will serve as acceptance of the terms set forth in the notice of the plan sent by SunTrust. I agree that SunTrust'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.
- 9. I agree that when SunTrust Bank accepts and posts a payment during the term of any modification 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.
- 10. I understand that SunTrust Bank will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to SunTrust Bank's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any servicer that services my first lien or subordinate lien (if applicable) or to any HUD-certified housing counselor.
- 11. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer or authorized third party. \*I understand that by providing my phone number, I consent to SunTrust Bank, its affiliates, agents and assignees of any of those contacting me at this number by calling, texting or sending other electronic messages, from time to time, for any reason about my accounts with SunTrust Bank and it's affiliates, including but not limited to, for collection and payment purposes, even if I have submitted a request to cease collection calls. I agree that automated dialing equipment or prerecorded voice messages may be used for any of these purposes.

Borrower Signature	Date	Co-Borrower Signature	Date	