

BORROWER'S ASSISTANCE PACKAGE

Completion of the Borrower's Assistance Package (BAP) is the first step in asking Virginia Housing to review your loan for possible assistance.

- **A complete package is one that contains all required documents in the appropriate format from all borrowers on the loan.**
- **Only complete packages can be assigned to a loss mitigation officer for review.**
- **By submitting a complete package, you allow us to process your request more quickly.**
- **It is CRITICAL that you carefully read and follow all instructions on pages 2 and 3 and provide all required documents.**
- **Please make a copy of all documents you remit to Virginia Housing and retain copies for your records. Virginia Housing cannot provide copies for you.**

Copies of the HUD notices **HOUSING COUNSELORS** (9692HC) and **TIPS TO AVOID FORECLOSURE** (HUD-2008-5-FHA) have been included.

- If you need assistance in completing the application, you may contact a HUD-approved counselor.
- To find a counselor in your area, see page 18 of this application.

A copy of the **SERVICEMEMBERS CIVIL RELIEF ACT NOTICE DISCLOSURE** form (HUD-92070 Exp 3-31-28) has been included.

- Please read this document to see if it pertains to you.

PROCESSING OF YOUR FILE WILL BEGIN ONCE WE HAVE ALL OF THE INFORMATION WE NEED.

- Depending on your individual circumstances, additional information may be required.
- Once the file has been processed it will then be given to a loss mitigation officer for their review.

SHOULD YOU HAVE QUESTIONS:

- Email lossmitigation@VirginiaHousing.com
- Call the Loss Mitigation department at 1-888-756-8603 or 804-783-6716.

SEND YOUR COMPLETED BORROWER'S FINANCIAL PACKAGE TO:

- Fax: 1-804-343-8680
- Email: lossmitigation@VirginiaHousing.com
- Virginia Housing – Attn: Loss Mitigation Dept. – P.O. Box 4627 – Richmond, VA 23220

Note: Virginia Housing is not responsible for the security and/or confidentiality of personal information submitted via email or fax.

INSTRUCTIONS FOR COMPLETING THE BAP

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

REMEMBER THAT SENDING IN A COMPLETED PACKAGE WILL HELP US TO PROCESS YOUR REQUEST QUICKER.

- 1. Borrower's Assistance Package (BAP)**
 - Pages 4 – 14 must be completed.
 - Complete all sections on pages 4 – 10.
 - Send in pages 4 – 14, even if you did not enter any information on them.
- 2. Borrower Occupancy Status (Page 12 of the BAP)**
 - Complete Occupancy question (#2).
- 3. Borrower Acknowledgement and Agreement (Pages 12 - 13 of the BAP)**
 - Read these pages carefully.
 - Print, sign your name, and date page 13.
 - Paperwork submitted without your signature cannot be processed.
- 4. Third Party Authorization (Page 14 of the BAP)**
 - Only complete this page if you need Virginia Housing to speak with someone other than the people listed on the note.
 - Examples would be a realtor, spouse, etc.
- 5. Hardship Affidavit (Pages 9 – 10 of the BAP)**
 - In this section you will identify the reason(s) for your hardship.
 - Check the appropriate hardship(s).
 - Provide the required documents. Hardship documents MUST be submitted.
 - Some sections allow a choice of what documents you can provide and some do not. Follow the instructions as to what documents you must provide.
- 6. Employment Income Verification**
 - 30 days of current and consecutive paystubs are required.
 - Paystubs must show company name and year-to-date pay information.
- 7. Self-Employment Income Verification**
 - Complete, signed individual federal income tax return and, as applicable, the business tax return AND
 - A Profit & Loss statement for the most recent quarter, prepared by a Certified Public Accountant (CPA), OR
 - A self-prepared Profit & Loss statement for the most recent quarter AND business bank statements for the same quarter.
- 8. Other Required Income Verification**
 - Page 8 shows the other types of non-employment income you may be receiving.
 - Check the type of income you receive.
 - You must provide ALL required documents listed for that income type.

9. Verification of Home Owners Association (HOA) Dues

- Provide a statement from the association showing the monthly assessment amount and account balance.
- Statements must be provided whether the account is current or past due.
- If a statement is not available, send a copy of a payment coupon.

10. Bank Statements

- Two (2) months of current and consecutive bank statements for all checking and savings accounts.
- Include ALL pages of the statements, even they are blank.
- Statements must show the bank name and logo, your name and address, and the statement timeframe or date.
- Lists of transactions or account/history summaries are NOT acceptable.

11. Tax Returns

- Provide the last 2 years of federal and state tax returns.
- SIGN and date the 1040 form even if your tax return was submitted electronically.
- Provide all schedules and numbered forms (A, C, 8879, etc.).

12. 4506-C Request for Transcript of Tax Return

- If you don't have your tax returns, or can't get copies, then this form will be used to order your tax transcripts from the IRS. This process takes 5 - 7 days.
- If you have your returns, it is best and faster for you to provide them.
- THIS FORM MUST BE COMPLETED EXACTLY AS SHOWN IN THE SAMPLE. If it is not, you will need to submit another form. No corrections can be made by us.

You should continue to make your payment until a decision on your application has been made.

Please note your account will continue to be reported to the appropriate credit reporting agencies.

Borrower's Assistance Packages received by Virginia Housing within 14 days of scheduled foreclosure sales do not provide sufficient time to fully evaluate and decision the applications. As such, Virginia Housing will not accept a Borrower's Assistance Package received 14 days or less prior to a scheduled foreclosure sale date.

BORROWER'S ASSISTANCE STATEMENT



Virginia Housing LOAN # _____

BORROWER		CO-BORROWER	
Borrower's Name		Co-Borrower's Name	
Social Security Number ____ - ____ - ____	Date of Birth ____ / ____ / ____	Social Security Number ____ - ____ - ____	Date of Birth ____ / ____ / ____
Home Phone # with area code (Best time to Call) (____) ____ - ____		Home Phone # with area code (Best time to Call) (____) ____ - ____	
Cell Phone # with area code (Best time to Call) (____) ____ - ____		Cell Phone # with area code (Best time to Call) (____) ____ - ____	
Work Phone # with area code (Best time to Call) (____) ____ - ____		Work Phone # with area code (Best time to Call) (____) ____ - ____	
Property Address:		Total Number in Household:	
Mailing Address (Complete only if different):		Email address:	

PROPERTY INFORMATION

Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No (If yes, provide verification of dues.)

Total Monthly HOA Payment Amount: \$ _____ (not payment to Virginia Housing)

Name and address to whom fees are paid: _____

I want to: ☐ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☐ My Primary Residence ☐ Second Home ☐ Investment Property

The property is currently: ☐ Owner Occupied ☐ Vacant ☐ Tenant Occupied*
**If the property is rented please provide a copy of the rental agreement.*

Is the property listed for sale? ☐ Yes ☐ No Listing Date: _____

If the property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No

Date of Offer: _____ Amount of Offer: _____

Is the property for sale by: ☐ Owner ☐ Agent * (**If by Agent, please provide a copy of the listing agreement.*)

Agent's Name: _____

Agent's Phone #: _____

Agent's Email: _____

Borrower Forward Mailing Address: _____

Virginia Housing LOAN # _____

COUNSELING

Have you contacted a credit Counseling Agency for help? ☐ Yes ☐ No

If yes, complete counselor contact information below.

Counselor's Name: _____ Agency Name _____

Counselor's Phone #: _____ Counselor's Email: _____

MILITARY STATUS

Is any borrower an active duty service member? ☐ Yes ☐ No ☐ Primary Borrower ☐ Co-Borrower

Has any borrower been deployed away from his/her primary residence or received a Permanent Change of Station Order? ☐ Yes ☐ No

Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? ☐ Yes ☐ No

BANKRUPTCY INFORMATION

Have you filed for bankruptcy? ☐ Yes ☐ No

If Yes: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 Filing Date: _____

Has your bankruptcy been discharged? ☐ Yes* ☐ No Bankruptcy Case Number: _____

**If yes, please provide a copy of the discharge order signed by the court.*

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 foreclosure alternative in person.

If you do not wish to furnish the information, please check the box below.

BORROWER: ☐ I do not wish to furnish this information.

CO-BORROWER: ☐ I do not wish to furnish this information.

Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Race: ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Sex: ☐ Female
☐ Male

Sex: ☐ Female
☐ Male

To be completed by Interviewer: ☐ Face-to-face interview ☐ Mail ☐ Telephone ☐ Internet

Interviewer's Name (print or type)

Interviewer's Signature

Interviewer's Phone Number w/ area code

Name of Interviewer's Employer

Address of Interviewer's Employer

Virginia Housing LOAN # _____

EMPLOYMENT – BORROWER		EMPLOYMENT – CO-BORROWER	
Current Employer's Name, Address & Phone #	How Long?	Current Employer's Name, Address & Phone #	How Long?

MONTHLY INCOME – BORROWER		MONTHLY INCOME – CO-BORROWER	
Frequency of Pay		Frequency of Pay	
Gross Wages	\$	Gross Wages	\$
Overtime (average per month)	\$	Overtime (average per month)	\$
Child Support *	\$	Child Support *	\$
Alimony *	\$	Alimony *	\$
Non-taxable Social Security / SSDI	\$	Non-taxable Social Security / SSDI	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Taxable SS benefits or other monthly income from annuities or retirement plans	\$
Tips / Commissions / Bonus	\$	Tips / Commissions / Bonus	\$
Self-Employment Income	\$	Self-Employment Income	\$
Rents Received	\$	Rents Received	\$
Unemployment Income	\$	Unemployment Income	\$
Food Stamps / Welfare (SNAP / TANF) (please circle)	\$	Food Stamps / Welfare (SNAP / TANF) (please circle)	\$
Other (specify)	\$	Other (specify)	\$
Total Gross Income	\$	Total Gross Income	\$

****Do you want to use the Child Support or Alimony income in evaluation? Yes or No**

***Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

ASSETS – BORROWER		ASSETS – CO-BORROWER	
Checking Account(s)	\$	Checking Account(s)	\$
Checking Account(s)	\$	Checking Account(s)	\$
Savings / Money Market	\$	Savings / Money Market	\$
CDs	\$	CDs	\$
Stock / Bonds	\$	Stock / Bonds	\$
Other Cash on Hand	\$	Other Cash on Hand	\$
Other Real Estate (estimated value)	\$	Other Real Estate (estimated value)	\$
Other (specify)	\$	Other (specify)	\$
Total Assets	\$	Total Assets	\$

Virginia Housing LOAN # _____

MONTHLY HOUSEHOLD EXPENSES
(for all household members)

Food (includes grocery store and dining out) \$

Utilities (includes electricity, gas, water, sewer, trash) \$

MONTHLY HOUSEHOLD DEBT PAYMENTS
(for all household members)

First Mortgage Payment \$ Alimony / Child Support Payments* \$

Second Mortgage Payment \$ Car Payments / Car Lease Payments \$

HOA / Condo Fees / Property Maintenance \$ Credit Cards / Installment Loan(s)
(total minimum payment per month) \$

Property Taxes \$

Homeowner's Insurance \$ How many vehicles do you maintain? #

Mortgage Payments on other Properties \$

Other \$

Total Household Debt Payments: \$ _____

***Notice: Alimony, child support or separate maintenance income need not be revealed
if you do not choose to have it considered for repaying this loan.**

OTHER LIENS
(Mortgage Liens, Mechanics Liens, Tax Liens, Etc.)

Lienholder's Name Balance and Interest Rate Loan Number Lienholder's Phone Number

***NOTE: Please be advised that if there are any other Mortgages secured by this
same property, you should consider contacting the Mortgage Holder(s)
to discuss their available Loss Mitigation options as well.***

REQUIRED INCOME DOCUMENTATION

This section tells you exactly what type of documentation you need to provide to Virginia Housing based on the type of income you receive.

☐ Do you earn a salary or hourly wage?

For each borrower who is a salaried employee or paid by the hour include:

- Paystubs reflecting the most current and consecutive 30 days or four weeks' earnings AND
- Documentation reflecting year-to-date earnings (if not reported on the paystubs then a signed letter or printout from the employer).

☐ Are you self-employed?

For each borrower who receives self-employment income include:

- Complete, signed individual federal income tax return and, as applicable, the business tax return AND
- Either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months OR
- Copies of bank statements for the business account for the last two months evidencing continuation of business activity.

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:

- ☐ Reliable third-party documentation describing the amount and nature of the income (e.g. paystubs, employment contract or printouts documenting tip income)

Social Security, Disability or Death Benefits, Pension, Public Assistance or Adoption Assistance:

- ☐ Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider AND
- ☐ Documentation showing the receipt of payment, such as copies of the two most recent and consecutive bank statements showing deposit amounts (please circle amounts on the bank statements)

Rental Income:

- ☐ Copy of the most recent filed federal tax return with all schedules, including Schedule E – Supplemental Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable OR
- ☐ If rental income is not reported on Schedule E – Supplemental Income and Loss, then provide a copy of the current lease agreement with either bank statements (please circle amounts on the bank statements) or cancelled rent checks demonstrating receipt of rent.

Investment Income:

- ☐ Copies of the two most recent and consecutive investment or bank statements supporting receipt of this income (please circle amounts on the bank statements)

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 AND
- ☐ Copies of your two most recent and consecutive bank statements (please circle amounts on the bank statements) or other third-party documents showing receipt of the payments

***Notice: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not choose to have it considered for repaying the loan.**

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. **Date Hardship began is:** _____

I believe my situation is: ☐ **Short-term** (under 6 months) ☐ **Medium term** (6-12 months)
☐ **Long-term/Permanent** (greater than 12 months)

HARDSHIP REASONS AND DOCUMENTATION

Step 1: Check the reason(s) for your hardship.

Step 2: Submit the required documentation that demonstrates/proves your hardship.

If Your Hardship is:	Then the Required Supporting Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Send the Termination Letter, letter from employer indicating end date, unemployment award letter, etc. for the relevant time period
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside of your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> Send pay stubs reflecting reduction, letter from employer eliminating hours/pay rate, etc. for the relevant time period.
<input type="checkbox"/> Increase in <i>Household</i> Expenses: a hardship that has caused an increase in your <i>monthly living expenses</i> (utilities, food, etc.) due to circumstances outside of your control	<input type="checkbox"/> Send copies of bills, invoices, payment receipts, etc. for increases in <i>monthly living expenses</i> for the relevant time period
<input type="checkbox"/> Increase in <i>Housing</i> Expenses: a hardship that has caused an increase in your <i>housing expenses</i> (repairs, maintenance on the home) due to circumstances outside of your control	<input type="checkbox"/> Send copies of bills, invoices, payment receipts, etc. for repairs to the house for the relevant time period
<input type="checkbox"/> Divorce or legal separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Send divorce decree/separation agreement signed by the court OR <input type="checkbox"/> Send current credit report evidencing divorce, separation, or non-occupying borrower has a different address OR <input type="checkbox"/> Send Recorded Quit Claim Deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Send death certificate OR <input type="checkbox"/> Send obituary or newspaper article reporting the death
<input type="checkbox"/> Medical Illness / Medical Expenses <input type="checkbox"/> Long-term or Permanent Disability: serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Send proof of monthly insurance benefits or government assistance (if applicable) OR <input type="checkbox"/> Send written statement or other documentation verifying disability or illness OR <input type="checkbox"/> Send doctor's certificate of illness or disability OR <input type="checkbox"/> Send medical bills <i>Note: None of the above shall require providing detailed medical information</i>

If Your Hardship is:	Then the Required Supporting Documentation is:
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Send insurance claim OR <input type="checkbox"/> Send Federal Emergency Management Agency grant or Small Business Administration loan OR <input type="checkbox"/> Send borrower or employer located in a federally declared disaster area
<input type="checkbox"/> Distant Employment Transfer/Relocation	<p><u>For active-duty Service members:</u></p> <input type="checkbox"/> Send notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Send copy of signed offer letter or notice from employer showing transfer to a new employment location OR <input type="checkbox"/> Send pay stub from new employer <u><i>In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders)</i></u>
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Complete, signed individual federal income tax return and, as applicable, the business tax return AND <input type="checkbox"/> Send proof of business failure supported by one of the following: - Bankruptcy filing for the business OR - Two months most recent business bank statements evidencing cessation of business activity OR - Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: A hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant supporting documentation <input type="checkbox"/> Verification of income (paystubs, award letters, etc.)

[illegible]

BORROWER / CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

I/We certify, acknowledge and agree to the following:

1. All of the information in this Borrower Assistance Package is accurate and the hardship that I have identified contributed to my need for mortgage relief.
2. The property is (please select one):
 - ☐ Owner occupied
 - ☐ Non-owner occupied
 - ☐ Vacant
3. 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.
4. Knowingly submitting false information may violate Federal and other applicable law.
5. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
6. 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.
7. 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 Acknowledgment 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 trial payment, repayment or forbearance 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.
 - d. 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* will obtain a current credit report on all borrowers obligated on the Note.
10. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Assistance Package and during the evaluation process. 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, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer and 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 foreclosure alternative 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 to them: and

b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.

11. I consent to being contacted concerning this request 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*. By signing below, I also consent to being contacted by text messaging.

12. I am/we are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.

13. I/We understand and acknowledge that any action taken by Virginia Housing, the servicer on my/our mortgage loan on my/our behalf will be made in strict reliance on the financial information provided.

14. I/We attest that the subject property has no physical condition(s) which adversely impact continued use or my/our ability to support the debt.

15. My/Our submission of documentation to Virginia Housing and the consideration by Virginia Housing and discussions with you of any possible mortgage loan assistance shall not constitute a contract to modify my/our loan.

16. No contract to modify my/our loan shall exist until the appropriate documents modifying the loan terms have been executed by myself/ourselves and Virginia Housing.

17. Accordingly, prior to the execution of those documents, I/we will not take any action (or fail to take any action) in reliance on any foreclosure alternative being approved by Virginia Housing.

18. The acceptance by Virginia Housing of my/our submission of documentation and its consideration and discussion with me/us of possible foreclosure alternatives shall not be deemed to constitute a waiver of any of my/our obligations of any of Virginia Housing's rights and remedies under the loan documents.

19. Discussions and negotiations of possible foreclosure alternatives will not constitute a waiver of or defense to Virginia Housing's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by Virginia Housing.

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

Borrower Print Name

Borrower Signature

Date

Co-Borrower Print Name

Co-Borrower Signature

Date

Virginia Housing THIRD PARTY AUTHORIZATION

NOTE: This page must be completed if you are giving Virginia Housing permission to talk about your mortgage with anyone other than the person(s) listed on the note.

- The third party authorization allows you, the borrower(s), to give permission to Virginia Housing to speak with others about your loan especially involving retention/liquidation options.
- Without this properly executed permission, Virginia Housing will only speak with those persons who appear on the actual mortgage note.
- It is your responsibility to designate the person(s)/companies that have your permission and the *timeframe* or specific circumstances involved.
- Information contained in this document will be entered in Virginia Housing's mortgage processing system and the document itself will be retained with the file and imaged.
- Please note that those persons receiving authorization to speak with Virginia Housing's representatives can only receive information and are not permitted to make changes

Loan Number: _____

Property Address: _____

Authorization to Release Information:

I/We hereby authorize Virginia Housing to release to those persons/companies shown below any and all information he/she/they may require for the purpose of discussing my loan, credit, retention option, transfer, sale and/or foreclosure of the property.

Borrower: _____
Print Signature

Co-Borrower: _____
Print Signature

Date: _____

Permission is granted to:

- ☐ Spouse/Partner ☐ Housing Counseling Agency ☐ Realtor/Realty Company
☐ Attorney's Office ☐ Third Party Negotiator ☐ Other _____

Timeframe permission granted: You must select either life of loan or list a specific date range

- ☐ Life of loan
☐ For the specific time of _____
(from this month to this month in specific years)

Company Name: _____

Company Phone number: _____

Individual Name: _____

Individual Phone number: _____

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name John	ii. Middle initial A.	iii. Last name/BMF company name Doe	i. Spouse's first name Jane	ii. Middle initial B.	iii. Spouse's last name Doe
1b. First taxpayer identification number (see instructions) 111-11-1111			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) 222-22-2222		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.) 123 Sample St.		b. City Richmond	c. State VA	d. ZIP code 23060	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Leave Blank		ii. IVES participant ID number		iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions) Leave Blank		5c. Unique identifier (if applicable) (see instructions)			
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Virginia Housing			ii. Telephone number (888) 756-8603		
iii. Street address (including apt., room, or suite no.) 601 S. Belvidere St.		iv. City Richmond	v. State VA	vi. ZIP code 23220	
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts 1040					
a. Return Transcript <input checked="" type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>	
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>			
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) Last 2 Years Filed with IRS Only 12 / 31 / XXXX 12 / 31 / XXXX / / / /					
Caution: Do not sign this form unless all applicable lines have been completed.					
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date. Must Check Box AND Sign/Date/Print Name Below (See example)					
<input checked="" type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See Instructions.					
Sign Here	Signature for Line 1a (see instructions)		Date 01/01/2023	Phone number of taxpayer on line 1a or 2a (804) -123-4567	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name John Doe				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)			Date 01/01/2023	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name Jane Doe					

Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)			
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Virginia Housing				ii. Telephone number 888-756-8603	
iii. Street address (including apt., room, or suite no.) 601 S. Belvidere Street		iv. City Richmond	v. State VA	vi. ZIP code 23220	
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts 1040					
a. Return Transcript <input checked="" type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>	
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers					
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>			
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) / / / /					
Caution: Do not sign this form unless all applicable lines have been completed.					
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.					
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See Instructions.					
Sign Here	Signature for Line 1a (see instructions)		Date		Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
	Print/Type name				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)				Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name					

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



BEHIND ON YOUR MORTGAGE PAYMENTS?

Help is available.

FREE assistance from HUD-approved housing counseling agencies is available to you.

Housing Counselors at non-profit or government agencies approved by the U.S. Department of Housing and Urban Development (HUD) are trained to help homeowners who are having problems making their mortgage payments. Counselors can help you find the best option for your situation.

HUD-approved Housing Counselors will:

- Work with you in person or over the phone.
- Help you understand your housing options.
- Help communicate with your lender.
- Recommend financial tools to help you solve current problems and avoid future ones.
- Connect you with local resources that may provide you with additional assistance.

This Help is Free.

HUD approved housing counseling agencies cannot charge to help you explore your options if you are having trouble paying your mortgage loan.

- Watch out for companies that charge a fee for these services. It may be a scam.
- Check www.hud.gov/findacounselor to confirm the counseling agency is HUD-approved.

HOW TO FIND A HOUSING COUNSELOR TODAY:

- **Online.** Search for a housing counseling agency near you at: www.hud.gov/findacounselor or <http://www.consumerfinance.gov/find-a-housing-counselor/>
- **By Phone.** Call HUD's Housing Counseling Locator Service at **(800) 569-4287**.
 - Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at **(800) 877-8339**.
 - Comprehensive foreclosure assistance is available around the clock at **(888) 995-HOPE (4673)**.

9692HC-(English)



FEDERAL HOUSING ADMINISTRATION

SHOULD I BE AWARE OF ANYTHING ELSE?

Beware of foreclosure prevention scams! You may be approached by organizations with official sounding names offering a quick fix to your mortgage problems. They often charge hefty fees or require that you “temporarily” sign over your deed to them. Remember — solutions that sound too good to be true usually are. These precautions will help you avoid being taken by a scam artist:

1. Never sign any papers you don't fully understand.
2. Check with a lawyer, your lender or trusted advisor, or a HUD-approved housing counselor before entering into any deal involving a loan assumption, contract of sale or a transfer of the deed to your home.
3. If you can't afford your current mortgage, don't be talked into refinancing into a new loan with a higher payment.

To find a HUD counselor in your area call:

1-800-569-4287 or TDD 1-800-877-8339.

WHAT IS FHA?

The Federal Housing Administration is part of the U.S. Department of Housing and Urban Development (HUD). FHA provides mortgage insurance to approved lenders who in turn offer mortgage loan financing to individuals and families throughout the United States and territories. The FHA mortgage insurance enables approved mortgages to provide home loans to eligible borrowers who might not otherwise qualify for other mortgage loan financing. FHA borrowers are often first-time homebuyers, moderate income families or folks who can't afford a large downpayment.

To learn more about FHA's programs, please visit:

www.bud.gov/fha or contact the

FHA Resource Center:

1-800-CALL-FHA (1-800-225-5342)

Federally Insured, Always There!



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION
451 SEVENTH STREET S.W.
WASHINGTON, D.C. 20410

MAKING HOME AFFORDABLE.GOV
1-888-995-HOPE

HUD-2008-5-FHA
April 2012



FEDERAL HOUSING ADMINISTRATION

SAVE YOUR HOME

Tips to Avoid Foreclosure



www.bud.gov/fha
1-800-CALL-FHA
(1-800-225-5342)



HELP! I CAN'T MAKE MY MORTGAGE PAYMENT.

Every day thousands of people like you have trouble making the next mortgage payment. Though things may seem hopeless, help is available. However, you need to take the first step! If you ignore the problem you may lose your home to foreclosure, possibly affecting your ability to qualify for credit or to rent another home.

WHAT SHOULD I DO?

1. Contact your lender right away. You can find a contact number on your mortgage statement. When you call, be prepared to explain:

- ✓ Why you are unable to make your payment.
- ✓ Whether the problem is temporary or permanent.
- ✓ Details about your income, expenses, and other assets like cash in the bank.

2. If you are uncomfortable talking to your lender, a HUD-approved housing counseling agency can help you understand your options. These services are free of charge.

3. Open all of the mail you receive from your lender. It contains valuable information about repayment options. Later mail may have important legal notices. Failing to read the mail will not prevent a foreclosure action.

4. Look for ways to increase the amount you have available to make your mortgage payments. Can you cancel cable TV, pack lunches, or get a part-time job? While these actions may not replace all of your lost income, they send a strong message to your lender that you are serious about keeping your home.

NOTHING IS WORSE THAN DOING NOTHING!

WHAT OPTIONS WILL HELP ME KEEP MY HOME?

FHA provides, as part of its insurance contract with lenders, loss mitigation actions the lender must evaluate and take, when appropriate, to reduce financial losses on loans in default. Your lender needs information from you to fully evaluate these options. If you want to keep your home, talk to your lender about available workout options for home retention. While the options listed here are for borrowers with FHA-insured loans, most lenders offer similar workout plans designed to help you keep your home.

Special Forbearance. Your lender may provide for a temporary reduction or suspension of your payments to allow you time to overcome the problem that reduced your income. Then you may be offered a payment plan so you can pay back the missed payments a little at a time until you are caught up. An extended forbearance period may be provided to unemployed borrowers who are actively seeking employment.

Mortgage Modification. A modification is a permanent change to your loan through which the overdue payments may be added to your loan balance, the interest rate may be changed or the number of years you have to pay off the loan may be extended.

Partial Claim. In a Partial Claim, a borrower receives a second loan in an amount necessary to bring the delinquent loan current. The loan is interest free and does not need to be repaid until you pay off your first mortgage or sell your house. This option is only available to borrowers with FHA-insured loans. However, if you have a conventional loan, ask your lender if they offer an "advance claim."

FHA-Home Affordable Modification Program (FHA-HAMP). This option combines an enhanced partial claim with a loan modification. Under the FHA-HAMP, the partial claim loan will not only include any amounts necessary to bring your mortgage current but

may also include an amount to reduce your existing loan balance by up to 30%. The reduced loan balance will then be modified to lower your monthly mortgage payment to an affordable level. As described above, the partial claim loan is interest free, but must be repaid when you pay off your first mortgage or sell your house.

To qualify for any of these options, you will need to provide your lender with current information about your income and expenses. Also, your lender may require that you agree to a payment plan for three or more months to demonstrate your commitment before you are approved for a modification or partial claim.

WHAT OPTIONS DO I HAVE IF I CAN'T KEEP MY HOME?

If your income or expenses have changed so much that you are not able to continue paying the mortgage even under a workout plan offered by your lender, you should consider the options below.

Pre-foreclosure sale. With your lender's permission you can offer your house for sale and sell it at fair market value even if the amount you receive from the sale is less than the amount you owe. If you meet certain conditions, you may be eligible to receive relocation expenses.

Deed-in-lieu of foreclosure. As a last resort, you may be able to voluntarily give your property back to your lender. If you leave the property clean and undamaged you may be eligible to receive relocation expenses.

There could be income tax consequences to any plan that reduces the amount of debt you owe so check with a tax advisor before accepting these workout options.

Contact FHA

Struggling homeowners with FHA-insured loans can get assistance by contacting HUD's National Servicing Center at (877) 622-8525. Persons with hearing or speech impairments may reach this number via TDD/TTY by calling (800) 877-8339.

**Beware of Scams! If It Sounds Too Good To Be True...It Usually Is.
Report mortgage fraud. Call 1-800-347-3735.**

Servicemembers Civil Relief Act Notice Disclosure

U.S. Department of Housing
and Urban Development
Office of Housing - Federal Housing Commissioner

OMB Approval No. 2502-0584
(Expires 03/31/2028)

Legal Rights and Protections Under the SCRA

Servicemembers on "active duty" or "active service," or a spouse or dependent of such a servicemember may be entitled to certain legal protections and debt relief pursuant to the Servicemembers Civil Relief Act (50 USC §§ 3901-4043) (SCRA).

Who May Be Entitled to Legal Protections Under the SCRA?

- Regular members of the U.S. Armed Forces (Air Force, Army, Coast Guard, Marine Corps, Navy, and Space Force).
- Reserve and National Guard personnel who have been activated and are on Federal active duty.
- National Guard personnel under a call or order to active duty for more than 30 consecutive days under section 502(f) of title 32, United States Code, for purposes of responding to a national emergency declared by the President and supported by Federal funds.
- Active service members of the commissioned corps of the Public Health Service and the National Oceanic and Atmospheric Administration.
- Certain United States citizens serving with the armed forces of a nation with which the United States is allied in the prosecution of a war or military action.

What Legal Protections Are Servicemembers Entitled To Under the SCRA?

- The SCRA states that a debt incurred by a servicemember, or servicemember and spouse jointly, prior to entering military service shall not bear interest at a rate above 6 % during the period of military service and one year thereafter, in the case of an obligation or liability consisting of a mortgage, trust deed, or other security in the nature of a mortgage, or during the period of military service in the case of any other obligation or liability.
- The SCRA states that in a legal action to enforce a debt against real estate that is filed during, or within one year after the servicemember's military service, a court may stop the proceedings for a period of time, or adjust the debt. In addition, the sale, foreclosure, or seizure of real estate shall not be valid if it occurs during or within one year after the servicemember's military service unless the creditor has obtained a valid court order approving the sale, foreclosure, or seizure of the real estate.
- The SCRA contains many other protections besides those applicable to home loans.

How Does A Servicemember or Dependent Request Relief Under the SCRA?

- In order to request relief under the SCRA from loans with interest rates above 6% a servicemember or spouse must provide a written request to the lender, together with a copy of the servicemember's military orders. [Note: Lender should place its name, address, and contact information here.]
- There is no requirement under the SCRA, however, for a servicemember to provide a written notice or a copy of a servicemember's military orders to the lender in connection with a foreclosure or other debt enforcement action against real estate. Under these circumstances, lenders should inquire about the military status of a person by searching the Department of Defense's Defense Manpower Data Center's website, contacting the servicemember, and examining their files for indicia of military service. Although there is no requirement for servicemembers to alert the lender of their military status in these situations, it still is a good idea for the servicemember to do so.

How Does a Servicemember or Dependent Obtain Information About the SCRA?

- Servicemembers and dependents with questions about the SCRA should contact their unit's Judge Advocate, or their installation's Legal Assistance Officer. A military legal assistance office locator for all branches of the Armed Forces is available at: <https://legalassistance.law.af.mil/>
- "Military OneSource" is the U. S. Department of Defense's information resource. If you are listed as entitled to legal protections under the SCRA (see above), please go to www.militaryonesource.mil/legal, or call (800) 342-9647 (toll free from the United States) to find out more information. Dialing instructions for areas outside the United States are provided on the website.

form HUD-92070
(4/2024)

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.
- For a HUD-approved counselor visit:
<http://www.hud.gov/offices/hsg/sfh/hcc/fc/>
- 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.