

WELLS FARGO / AMERICA'S SERVICING COMPANY

ADDITIONAL INFORMATION INSTRUCTIONS

Step 1

Complete the financial form attached

- For Wells Fargo, use pages 2-3
- For America's Servicing Company, use pages 4-5

Step 2

All Borrowers must **SIGN AND DATE** the form

Step 3

Scan the signed form and submit it to the Servicer through the Portal
(Use the "Additional Servicer Information" queue to upload the above documentation)

Why You Should Submit the Servicer Information In Addition to the RMA

While the *Request for Modification and Affidavit* provides the servicer with the requisite information to evaluate a borrower for a HAMP modification, it usually does **not** provide the servicer with all of the information they need to evaluate the borrower for other servicer specific programs that may be available to the borrower should they not qualify for HAMP. By reviewing and submitting any additional information the servicer has requested, you will ensure that the borrower gets the most thorough and quick review of all options available.

Note: Although servicers must adhere to investor specific guidelines when reviewing a borrower for various programs, most servicers' guidelines require them to review a borrower for HAMP first.

FINANCIAL WORKSHEET

Loan Number: _____

Mortgagor Name: _____

Co-mortgagor Name: _____

=====

*** VERIFY AND/OR UPDATE INFORMATION LISTED BELOW IN ITEMS A - F ***

A.) VERIFY HOW MANY INDIVIDUALS LIVE IN YOUR HOME:

B.) VERIFY CURRENT MONTHLY INCOME:

BORROWER INCOME	\$0	_____
CO-BORROWER INCOME:	\$0	_____
OTHER INCOME:	\$0	_____

(example(s): Commission/Disability/Social Security/Child Support/Alimony/ Rental Property/Rent from Roommate)

C.) VERIFY CURRENT MONTHLY EXPENSES:

- | | | |
|---|-----|-------|
| 1) Existing Mortgage Payment (includes taxes, ins) | \$0 | _____ |
| 2) Other Mortgage Loans | \$0 | _____ |
| 3) Installment/Car/Boat/RV/Loans: | \$0 | _____ |
| 4) Credit Cards (examples below) Visa/MC/Discover or Store | \$0 | _____ |
| 5) Lines of Credit (example below) credit line/home equity line | \$ | _____ |
| 6) Charge Off Accounts: (accounts written off by lender) | \$ | _____ |
| 7) Other credit accounts | \$ | _____ |
| 8) Credit Accounts that are past due for more than 5 months | \$ | _____ |
| 9) Food + Groceries | \$0 | _____ |
| 10) Utilities | \$0 | _____ |
| 11) Transportation | \$0 | _____ |
| 12) Child Care/Alimony | \$0 | _____ |
| 13) Personal/Family Loan &/or Tuition | \$0 | _____ |
| 14) Medical expenses not covered by insur | \$0 | _____ |
| 15) Cell Phone/Cable/Internet/Satellite | \$0 | _____ |
| 16) Association Fees or Monthly Dues | \$ | _____ |
| 17) Dry Cleaning/Laundry:Uniforms/Clothing | \$0 | _____ |

FINANCIAL WORKSHEET

D.) VERIFY CURRENT ASSETS:

	Estimated Value(s):
	\$ _____
1) Home	\$0 _____
2) Other Real Estate (explain)	\$0 _____
3) Automobile	\$0 _____
4) Automobile	\$ _____
5) 401k/ESOP Accounts	\$0 _____
6) Stocks/Bonds/CD's	\$0 _____
7) Other Investment (explain)	\$0 _____

E.) VERIFY PHONE NUMBERS:

HOME	WORK	CELL/OTHER PHONE
_____	_____	_____

F.) VERIFY MAILING ADDRESS: *(disregard if same as property)*

G.) Please describe your reason for needing assistance:

(If you need additional space, please use the back of this form.)

* After verifying please sign, date and return including proof of income

I/We certify the financial information stated above is true, and is an accurate statement of my/our financial condition. I/We understand and acknowledge any action taken by the lender of my/our mortgage loan on my/our behalf will be made in strict reliance on the financial information provided. My/Our signature(s) below grants the holder of my/our mortgage the authority to obtain a credit report to verify the information in this financial worksheet to be accurate.

By _____ By _____



FINANCIAL WORKSHEET

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Mortgagor Name: _____

Co-mortgagor Name: _____

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