

FINANCIAL WORKSHEET

BORROWER INFORMATION

Property Address: _____ Home #: _____ Work #: _____ Cell #: _____ Best time to call: _____ E mail: _____	Please check all that apply: <input type="checkbox"/> I live in this house, <input type="checkbox"/> Occupants in home: <input type="checkbox"/> This is a second house, <input type="checkbox"/> This house is vacant, <input type="checkbox"/> This is a rental property <input type="checkbox"/> Active Bankruptcy
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Borrower Name: _____ Social Security # _____
 Co-Borrower Name: _____ Social Security # _____
 Mailing Address: _____

EMPLOYMENT INFORMATION :

BORROWER

Employer: _____
 Position: _____

CO-BORROWER

Employer: _____
 Position: _____

INCOME DATA :

HOUSEHOLD INCOME	PRIMARY HOMEOWNER CURRENT		ADDITIONAL OCCUPANT(S) CURRENT	
	Gross	Net	Gross	Net
Employment Income	\$ 0	\$ 0	\$ 0	\$ 0
Disability	\$ 0	\$ 0	\$ 0	\$ 0
Rental Income	\$ 0	\$ 0	\$ 0	\$ 0
Unemployment	\$ 0	\$ 0	\$ 0	\$ 0
Child Support / Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Other	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL MONTHLY INCOME	\$ 0	\$ 0	\$ 0	\$ 0

Income Frequency: (please check one)

Primary Homeowner:

Weekly
 Bi-Weekly
 Monthly
 Quarterly
 Yearly

Additional Occupant(s):

Weekly
 Bi-Weekly
 Monthly
 Quarterly
 Yearly

Current Employment Status Primary Homeowner: (please check one)

Employed Full-Time
 Part-Time
 Unemployed/Not Working
 Self-Employed
 Retired

Current Employment Status Additional Occupant(s): (please check one)

Employed Full-Time
 Part-Time
 Unemployed/Not Working
 Self-Employed
 Retired

ASSETS / LIABILITIES

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Automobile Make / Model			
Deposit Accounts - Checking / Savings	\$ 0	\$ 0	\$ 0
IRA / KEOUGH Accounts	\$ 0	\$ 0	\$ 0
401K Savings Plan	\$ 0	\$ 0	\$ 0
Stocks / Bonds / CDs	\$ 0	\$ 0	\$ 0

Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): _____ Date of Birth: _____

Co-Borrower Name (first, middle, last): _____ Date of Birth: _____

Property Street Address: _____

Property City, State and ZIP: _____

Servicer: _____

Loan Number: _____

In order to qualify for _'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower & Co-Borrower

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" (page 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Yes | No | My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" (page 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Yes | No | My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" (page 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Yes | No | My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" (page 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Yes | No | My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" (page 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| Yes | No | There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" (page 3). |
| <input type="checkbox"/> | <input type="checkbox"/> | |
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Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	CO-BORROWER
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by Interviewer		
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name and Phone Number (print or type) () Name and Address of Interviewer's Employer	Interviewer's Signature Date

Borrower/Co-Borrower Acknowledgement

- Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
 - I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
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Cell: _____

Cell: _____

Home: _____

Home: _____

Work: _____

Work: _____

Explanation:

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return 2b Second social security number or individual taxpayer identification number if joint tax return

3 Current address (including apt., room, or suite no.), city, state and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. 1040
a Return Transcript which 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 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.
b Account Transcript, which 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. Most requests will be processed within 30 calendar days.
c Record of Account, which 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. Most requests will be processed within 30 calendar days.

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. 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, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
12/31/2011 12/31/2010

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return

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 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, 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-T on behalf of the taxpayer. Note. For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

Sign Here



Authorization

[FOR USE WITH FOR PROFIT AND NON PROFIT LOAN ASSISTANCE CONSULTANTS]

Account No.:

The undersigned Borrower and, if applicable, Co-Borrower, hereby authorize(s) Bank of America, N.A., its affiliates, agents and employees (collectively, "Bank of America"), to discuss and negotiate the terms of a workout arrangement (which may include a loan modification, short sale, deed in lieu or other form of mortgage relief) with my (our) designated agent ("Designated Agent") as identified below. Bank of America is also authorized to share, release, discuss, and otherwise provide public and non-public personal information contained in or related to the mortgage loan to my (our) Designated Agent. The Designated Agent and Bank of America are authorized to share with each other any and all information concerning me (us) in their possession including, but not limited to, the name, address, telephone number, social security number, credit score, income, loss mitigation application status, account balances, program eligibility, and payment activity and other information to the extent required to facilitate the completion of any workout arrangement, without further authorization from me (us).

I (we) further agree and acknowledge as follows:

- The decision to select a Designated Agent to assist in negotiating my (our) workout arrangement is voluntary;
- I (we) can negotiate the terms of a workout arrangement directly with Bank of America without third party assistance; and, in the event our Designated Agent is a "for profit" entity which charges a fee, we further acknowledge that free help is available;
- I (we) assume sole responsibility for any fees owed to the Designated Agent in connection with its services and acknowledge further that Bank of America is not responsible for any amounts due to the Designated Agent; Bank of America is not responsible for any act or omission of the Designated Agent, including anything the Designated Agent may do with any information we provide hereunder or any failure of the Designated Agent to competently perform its services.

Bank of America may take reasonable steps to verify the identity of the Designated Agent, but has no responsibility or liability to verify the identity of such Designated Agent.

This authorization will remain effective until I (we) notify Bank of America in writing that it is of no further force and effect.

The Designated Agent is:

(insert individual name of Designated Agent (if any))

(insert corporate name of Designated Agent)

EXCEPT WHERE BORROWER IS REPRESENTED BY AN ATTORNEY OR PROVIDES SPECIFIC INSTRUCTIONS TO THE CONTRARY, THE BORROWER ACKNOWLEDGES THAT BANK OF AMERICA MAY FROM TIME TO TIME CONTACT THE BORROWER DIRECTLY TO CONFIRM OR PROVIDE NOTICE OF INFORMATION RELEVANT TO THE PROCESSING AND/OR CONSUMMATION OF THE WORKOUT ARRANGEMENT.

Authorization

[FOR USE WITH FOR PROFIT AND NON PROFIT LOAN ASSISTANCE CONSULTANTS]

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower

Printed Name

Signature

Date

Authorization

[FOR USE WITH FOR PROFIT AND NON PROFIT LOAN ASSISTANCE CONSULTANTS]

DESIGNATED AGENT ACKNOWLEDGEMENT

The undersigned officer, member or partner of the Designated Agent hereby acknowledges that any material misrepresentation, misstatement or omission of fact made to Bank of America, or any lender, investor or insurer in connection with any modification or other workout arrangement under the Treasury Department's Making Homes Affordable Program ("MHA") : (a) may violate the anti-fraud provisions of MHA, (b) may be prosecuted pursuant to Section 18 U.S.C §1001 et. Seq. of the Federal Code of Crimes and Criminal Procedures and be punishable by up to 30 years in federal prison or \$1,000,000 fine, or both, and/or (c) may be prosecuted under the Civil False Claims Act (31 U.S.C. §§ 3729-3733).

In addition, the undersigned hereby represents on behalf of the Designated Agent that: (i) it has made all disclosures to the Borrower and Co-Borrower required to be made in accordance with any applicable federal or state rule or regulation and if the Designated Agent is a for profit provider of mortgage relief services subject to the terms of FTC Rule No. [] (the "FTC Rule"), it further represents that it has complied with all disclosures required to be made under the FTC Rule , (ii) it is in compliance with all applicable federal and state laws, rules, and regulations, governing the registration, licensing, certification, business practices or conduct of loan counselors or consultants providing mortgage relief services to consumers, (iii) any payment arrangement for services rendered to the Borrower or Co-Borrower is structured in a manner consistent with any applicable federal or state rule or regulation, and if the Designated Agent is a for profit provider of mortgage relief services subject to the terms of the FTC Rule, it further represents that any fee arrangement with the Borrower and Co-Borrower complies with the terms of the FTC Rule: and (iv) the contact and licensing information provided below is true and correct.

Name of Designated Agent: _____

Mailing Address: _____

E-mail Address: _____

Business Phone Number: _____

State license/Registration No., TIN, NMLS, or EIN: _____

Name of State Licensing Entity (if applicable): _____

Type of License: _____

Designated Agent Signature

Name: _____

Title: _____

Date: _____