

CITIMORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE



Please send copies of:

- 2 recent consecutive pay stubs, or
- 2 consecutive months of bank statements, or
- 2 consecutive tax returns

CITI LOAN NUMBER

What are your intentions regarding this property? Sell Rent Keep

PART A Borrower Information

| | | | | | | | |
|--|--|------------------------|--|---|--|------------------------|--|
| Borrower Name | | Social Security Number | | Co-Borrower Name | | Social Security Number | |
| Borrower Phone No. Day _____ Evening _____ Cell _____ | | | | Co-Borrower Phone No. Day _____ Evening _____ Cell _____ | | | |
| Property Address: Street _____ City _____ State _____ Zip _____ | | | | Mailing Address (if applicable): Street _____ City _____ State _____ Zip _____ | | | |
| Email Address | | | | Email Address | | | |
| Employer (Current) | | Position | | Employer (Current) | | Position | |
| Years on Job | | Employer Phone | | Years on Job | | Employer Phone | |

If in current job for less than 5 years, enter your previous employer information below.

| | | | | | | | |
|---------------------|--|----------------|--|---------------------|--|----------------|--|
| Employer (Previous) | | Position | | Employer (Previous) | | Position | |
| Years on Job | | Employer Phone | | Years on Job | | Employer Phone | |

PART B Property Information

| | | | | |
|---|-------------|---|-------------------|--------------------|
| Is this property for SALE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this property for RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| List Date _____ | Price _____ | Monthly Rent | Monthly Last Paid | Date Lease Expires |
| Realtor Name | | | | |
| Realtor Phone | | | | |

PART C Monthly Income

| DESCRIPTION (MONTHLY) | |
|---|--|
| Gross Salary/Wages | |
| Net Salary/Wages | |
| Other Income | |
| Other Additional Income (i.e., SSI, Rental, Second Job, Child Support) | |
| Total Net Income | |

PART D Monthly Expenses

| DESCRIPTION (MONTHLY) | Monthly Payment | Balance Due | # Months Delinquent |
|---|-----------------|-------------|---------------------|
| 1. Primary Home Mortgage | \$ | \$ | |
| 2. Taxes on Primary Home (if not included in #1) | \$ | \$ | |
| 3. Insurance on Primary Home (if not included in #1) | \$ | \$ | |
| 4. Rent Payment (if owner not occupying subject property) | \$ | \$ | |
| 5. Maintenance/Homeowners Association Fees | \$ | \$ | |
| 6. Other Mortgages | \$ | \$ | |
| 7. Automobile Loans | \$ | \$ | |
| 8. Other Loans | \$ | \$ | |
| 9. Credit Cards (minimum payment) | \$ | \$ | |
| 10. Alimony/Child Support | \$ | \$ | |
| 11. Child/Dependent Care | \$ | \$ | |
| 12. Utilities (water, electricity, gas, cable, etc.) | \$ | \$ | |
| 13. Telephone (landline and cell phone) | \$ | \$ | |
| 14. Insurance (automobile, health, life) | \$ | \$ | |
| 15. Medical Expenses (uninsured) | \$ | \$ | |
| 16. Car Expenses (gas, maintenance, parking) | \$ | \$ | |
| 17. Groceries and Toiletries | \$ | \$ | |
| 18. Other Monthly Expense (explain) | \$ | \$ | |
| 19. Other Monthly Expense (explain) | \$ | \$ | |
| 20. Other Monthly Expense (explain) | \$ | \$ | |
| Total | \$ | \$ | |

Please try to complete as many of the questions as possible. Additional information may be necessary and Citi will need to speak with you during the assistance process.

PART E General Questions

1. Do you occupy this property as a Primary Residence? Yes No

If Yes, how long have you lived at this residence? Years: _____ Months: _____

2. How many people reside in the household?

3. Do you have any dependents under the age of 18? Yes No If Yes, how many?

4. Do you have any other debts or obligations secured by this property (i.e, second mortgage, home equity loan, judgments or liens)? Yes No If Yes, please itemize these debts or obligations below:

| Debt/Obligation | Amount |
|-----------------|--------|
| | \$ |
| | \$ |
| | \$ |

5. Do you own any other properties? Yes No How many? _____ If yes, please complete the following items:

| Monthly Payment | Rental Income | Principal Balance | Is this property currently vacant? |
|-----------------|---------------|-------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. What is the amount of funds you immediately have available to apply toward your mortgage delinquency? \$

7. In addition to the amount stated above, what amount will you have available in 30 days? \$



PART E General Questions (cont'd)

Please try to complete as many of the questions as possible. Additional information may be necessary and Citi will need to speak with you during the assistance process.

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default (If needed, attach a separate sheet of paper for explanation):

What is your proposal for repaying the arrearage?

Authorization to Release Information

IN ADDITION TO THIS FINANCIAL STATEMENT AND ITS ATTACHMENTS, THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THE SITUATION THOROUGHLY, SUCH AS:

- 1. ORDERING CREDIT REPORTS
- 2. VERIFYING BANK ACCOUNTS IN THIS DISCLOSURE
- 3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STATED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN WHICH WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN, I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY MORTGAGE LOAN.

Borrower Signature Date

Borrower Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I/WE HEREBY AUTHORIZE YOU TO RELEASE TO _____
ANY AND ALL INFORMATION THEY MAY REQUIRE FOR THE PURPOSE OF A HARDSHIP REVIEW.
THANK YOU.

Borrower Signature Date

Borrower Signature Date

Social Security Number

Social Security Number

FAX COVER SHEET

Sender's Information

Receiver's Information

| | |
|------------------|---------|
| Name: | To: |
| Telephone: | Fax: |
| Number of Pages: | Loan #: |

Required Information

- Signed and dated Financial Worksheets
- 2 months of paystubs for: _____
- 2006 & 2007 W-2 forms
- 2007 complete 1040s
- Year-to-Date Profit and Loss Statement for Self-Employed Borrowers
- Social Security Income (Award Letter) for: _____
- Spousal and/or Child Support Income
- Supplemental Income or other: _____
- Complete bank statements for the last two months
- Current Homeowners Insurance Policy
- Current and/or Delinquent Property Tax Information
- Rental Agreement(s), Purchase Agreements