



Mail Stop: NY2-001-02-17 Telephone: 1-800-846-2222
 CrossPoint Pkwy Fax: 1-716-635-7252
 Getzville, NY 14068
 E-mail: lossmitigation@bankofamerica.com

Borrower Name: _____

Loan Number: _____

Event Name: _____

BORROWER REQUEST FOR HARDSHIP ASSISTANCE

Sometimes things occur beyond anyone's control that makes it difficult, if not impossible, for homeowners to meet their obligations. Bank of America wants to help. To complete your request for hardship assistance, we must consider your circumstances to determine your eligibility. Please provide the following information:

Property Address: _____

Hm #: _____ Wk #: _____ Cell #: _____

Best time to call: _____ E mail: _____

How did you hear about this event: _____

Please check all that apply:

I live in this house

Occupants in home: _____

This is a second house

This house is vacant

This is a rental property (monthly rent: \$ _____)

Active BK: (if yes, chapter &/or case #) _____

INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Net Income (monthly income after taxes and benefits are deducted)	\$		\$	
Disability	\$		\$	
Rental Income	\$		\$	
Unemployment	\$		\$	
Child Support / Alimony	\$		\$	
Other	\$		\$	
TOTAL MONTHLY NET INCOME				

Current Employment Status Primary Homeowner: (please check one)

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

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

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

HOUSEHOLD

In an effort to evaluate all of the workout options available to you, Bank of America will order a credit report to verify your income and credit obligations.

LIABILITIES & EXPENSES	CURRENT		
Credit Card (minimum pmts) How many cards with balances?	\$		
Auto Loan (Monthly Payment Per Vehicle)	(1) \$	(2) \$	(3) \$
Auto Insurance	\$		
Auto Expenses (gas, maintenance, etc...)	\$		
Transportation (mass transit fees / bus passes / parking / tolls)	\$		
Electricity/ Gas/ Water	\$		
Telephone/ Cellular phone	\$		
Cable / Satellite Dish / Internet	\$		
Groceries / Household Supplies	\$		
Childcare / School Tuition	\$		
Medical Expenses	\$		
Installment Loans	(1) \$	(2) \$	
Spending Money	\$		
Miscellaneous (please describe)	\$		
TOTAL MONTHLY EXPENSES	\$		

Net Income: \$ _____ - Expenses: \$ _____ = Surplus: \$ _____

CURRENT MORTGAGE INFORMATION

1st Lien Mortgage Payment (PI): \$ _____ Taxes & Insurance: \$ _____

2nd Lien Mortgage Payment (PI): \$ _____ Taxes & Insurance: \$ _____

Loan Type: _____ LTV%: _____

Are Property Taxes and Homeowners Insurance current (if paid separately)? _____

REQUIRED DOCUMENTS

2 Months Bank Statements 2 Months Pay Check Stubs Letter of Authorization 1099 (if Self-Employed)

REASON FOR DEFAULT/HARDSHIP

Please provide a brief summary stating the reason for the default or hardship below. Feel free to provide an additional page if necessary.

AUTHORIZATION FORM IF WORKING WITH A HOUSING COUNSELOR OR FAMILY MEMBER NOT ON THE LOAN

I hereby authorize Bank of America to discuss my request for payment assistance with the individual(s) that I have identified below as my designated agent(s) (hereinafter the "Designated Agent"). Further, Bank of America is hereby authorized to negotiate the terms of a workout agreement with my Designated Agent and to deliver documents to my Designated Agent which concern my request for payment assistance. I understand that I will be fully responsible for reviewing any information that is sent by Bank of America to my Designated Agent. This Authorization will remain effective until I specifically notify Bank of America's Loss Mitigation Department in writing that this Authorization is of no further force and effect.

My Designated Agents are: _____
Agency or family member name (please print) Agency Name (please print)

Date: ____ / ____ / 20____
Borrower / Co-borrower's name (please print) Borrower/Co-borrower's Signature

BANK OF AMERICA CONTACT INFORMATION

Bank of America
Loss Mitigation
475 CrossPoint Pkwy
Mail Stop: NY2-001-02-17
Getzville, NY 14068

Telephone Number: 1-800-846-2222
Fax Number: 1-716-635-7252
Email Address: lossmitigation@bankofamerica.com

Notes: _____

I (we) agree that the financial information provided is an accurate statement of my (our) financial status.

Signature of Borrower

Signature of Co-Borrower

Bank of America is required by law to inform you that information provided by you on this form may be used to collect debt.