



HOME LOANS

Mail Stop, PTX A-65
7105 Corporate Drive
Plano, Texas 75024

Telephone: 1-800-661-9917
Fax: 1-972-608-1147
e-mail: Advocacy@Countrywide.com

Borrower Name: _____

Loan Number: _____

Event: _____

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. Countrywide wants to help. To complete your request for hardship assistance, Countrywide must consider your circumstances to determine your eligibility. Please provide the following information:

Property Address: _____

Hm #: _____ Wk #: _____

Cell #: _____ Best time to call: AM / PM

E mail address: _____

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-after deductions	Gross	Net-after deductions
Employment Income	\$		\$	
Disability	\$		\$	
Rental Income	\$		\$	
Unemployment	\$		\$	
Child Support / Alimony	\$		\$	
Other	\$		\$	
TOTAL MONTHLY 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, Countrywide will order a credit report to verify your income and credit obligations.

LIABILITIES & EXPENSES	CURRENT
Credit Card (minimum pmts) Number of 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): \$ _____

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 Countrywide Home Loans ("Countrywide") 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, Countrywide 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 Countrywide to my Designated Agent. This Authorization will remain effective until I specifically notify Countrywide's Workout 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

COUNTRYWIDE CONTACT INFORMATION

Countrywide Home Loans
The Advocacy Group
7105 Corporate Drive
Mail Stop: PTX-A-65
Plano, Texas 75024

Telephone Number: 1-800-661-9917
Fax Number: 1-972-608-1147
Email Address: advocacy@countrywide.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

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