

YOUR PACKET WILL BE RETURNED TO YOU IF IT IS INCOMPLETE

Your packet must include:

____Hardship Affidavit Form with all parties' signatures:

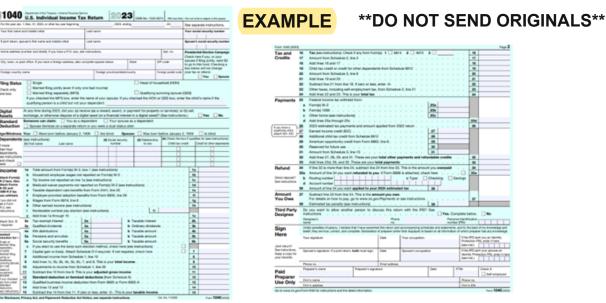
** if person is not on the mortgage account but we will be using their income to qualify you for assistance, we need their signature and social security number.

____Monthly expense information for all members of household, form included.

Income verification for all members of household, includes both:

- most recent month's copies of pay stubs (TWO if bi-weekly, FOUR if weekly),
 Unemplyment or other income.
- most recent two months copies (PDF VERSION) of checking/savings bank statements

Federal tax returns for the last two years (NO W2's or State returns)



** ALL 4 CORNERS OF ANY PRINTED DOCUMENT or SCREEN SHOT MUST BE VISABLE, CLEAR, AND READABLE.

IF ANY OF THESE DOCUMENTS ARE UNAVAILABLE - SUBMIT WRITTEN EXPLANATION

To Submit Via Mail:

Any questions please call, 1-800-933-1272.

To Submit Via FAX: 304-391-8750 Attn: Loss Mitigation

EMAIL: servicing@wvhdf.com

West Virginia Housing Development Fund

5710 MacCorkle Ave SE Charleston, WV 25304

Attn: Loss Mitigation

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to WVHDF via mail: 5710 MacCorkle Avenue SE Charleston, WV 25304, fax: 304-391-8750, or online: www.wvhdf.com/contact-us. We will contact you within three business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact WVHDF at 304-391-8700 or 800-933-1272.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

| Borrower Information |
|--|
| Borrower's name: |
| Social Security Number (last 4 digits): |
| E-mail address: |
| Primary phone number: Cell |
| Co-borrower phone number: |
| Co-borrower's name: |
| Social Security Number (last 4 digits): |
| E-mail address: |
| Preferred contact method (choose all that apply): \square Cell phone \square Home phone \square Work phone \square Email |
| Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? \square Yes \square No |
| Property Information |
| Property Address: |
| Mailing address (if different from propertyaddress): |
| • The property is currently: ☐ Aprimary residence ☐ A second home ☐ An investment property |
| • The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant |
| Are there any other liens on the Property? □ Yes □ No If yes, with who? |
| • I want to: 🗆 Keep the property 🗅 Sell the property 🗅 Transfer ownership of the property to my servicer 🕒 Undecided |
| • Is the property listed for sale? ☐ Yes ☐ No |
| • _ If yes, provide the listing agent's name and phone number—or indicate "FOR SALE BY OWNER" |
| • |



Hardship Affidavit Form

Borrower /Co Borrower Acknowledgement and Agreement

- I/we certify that all information in this Hardship Affidavit is truthful and the event(s) identified above has/have contributed to my need for assistance with the mortgage loan. Knowingly submitting false information may violate Federal and other applicable law.
- 2. I/we understand and acknowledge the West Virginia Housing Development Fund (WVHDF) may investigate the accuracy of my statements and may require supporting documentation. These items will need to be submitted in a timely matter.
- I/we understand the WVHDF may pull a credit report for all borrowers obligated on the Note relating to the mortgage loan.
- 4. I/we certify that the property secured by this mortgage loan is my primary residence.
- 5. I/we consent to the disclosure by WVHDF, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
- 6. I/we understand that WVHDF will use all information obtained to evaluate my eligibility for assistance with my mortgage loan, however they are not obligated to offer me assistance based solely on this affidavit.
- 7. I/we understand that in order to be considered for assistance monthly contact is a requirement. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to WVHDF.
- 8. I/we understand there may be a trial payment period prior to permanent adjustment of the mortgage loan.
- 9. I/we agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
- 10. I/we understand a face to face meeting can be scheduled with a Representative to discuss the loss mitigation options for which this mortgage loan may qualify.
- 11. I/we understand verification of monthly expenses such as monthly billing statements may be requested and required to qualify for assistance with this mortgage loan.
- 12. In the event of a clerical error on the modification the borrower(s) agree (s) to execute the corrected modification documents and return to WVHDF within a thirty (30) day time period.
 - * An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA)or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

| Borrower Signature | Co-Borrower Signature OR Individual with additional income |
|--------------------|--|
| Date | Date |
| | Social Security Number** |

^{**} If person is not on the mortgage account, but their income will be use to qualify you for assistance, please include their signature & social security number.

| Name | | | Date |
|---------------------------------|---------|---------|--|
| Loan Number | | | |
| Expenses | Monthly | Balance | Explanation/Category |
| Electricity | | | Utility |
| Gas | | | Utility |
| Water | | | Utility |
| Sewer | | | Utility |
| Trash | | | Utility |
| Entertainment/TV/Cable/Internet | | | |
| Condo association fees | | | |
| Groceries | | | Food Stamps? |
| Clothing | | | |
| Child Support | | | |
| Day Care/Babysitter | | | |
| Auto Maintenance | | | this includes Car Insurance/Gasolin |
| Medical | | | Insurance/Bills/Co Pay/Meds Monthly |
| Cell/Phone | | | · · |
| | | | |
| | | | |
| Other Monthly Payments | | | Explanation of Expense |
| Other Wonting Layments | | | Explanation of Expense |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL EVENING | | | |
| TOTAL EXPENSES | | | |
| Debts | Monthly | Balance | Credit Cards, Other Loan |
| Auto/Car Payment | | | |
| Auto/Car Payment | | | |
| Credit card | | | |
| 60 loan - # | | | |
| | | | |
| | | | |
| | | | |
| TOTAL DEBTS | | | |
| Special Comments | | | |
| | | | |
| Number of people in household | | | |

Date_____

updated April 2025

Hardship Information

| l am reque | esting review of my current financial situation to determine whether I qualify for temporary | y or permanent |
|------------|--|-------------------------|
| mortgage | loan relief options. The date of hardship began on approximately (date) | _and is believed to be: |
| □ Sł | hort-term (up to 6 months) | |
| □ Lo | ong-term or permanent (greater than 6 months) | |
| □ Re | esolved as of (date) | |

| TYPE OF HARDSHIP (CHECK ALL THAT APPLY) | REQUIRED HARDSHIP DOCUMENTATION |
|--|--|
| □ Unemployment | Provide Unemployment Statement of Benefits |
| ☐ Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay or Business Failure) | Provide Income Verification of Higher Income *Pay Stubs of higher salary *Verification of Other Source of Income Lost |
| ☐ Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control | Please explain: |
| □ Disaster (natural or man-made) impacting the property or borrower's place of employment | Insurance claim; OR Federal Emergency Management Agency Grant |
| □ Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member | Doctor's certificate of illness or disability; ORMedical Bills; OR proof of monthly insurance benefits or government assistance (if applicable) |
| □ Divorce or legal separation | Final divorce decree or final separation agreement OR Recorded quitclaim deed |
| □ Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law | Recorded quitclaim deed OR Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property |
| □ Death of borrower or death of either the primary or secondary wage earner | Death certificate OR Obituary or newspaper article reporting the death |
| □ Distant employment transfer/relocation | For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders) |
| □ Other – hardship that is not covered above: | Written explanation describing the details of the hardship and any relevant documentation |

Borrower Income

Please enter all borrower income amounts in middle column.

| MONTHLY TOTAL BORROWER INCOM | ME TYPE & AMOUNT | REQUIRED INCOME DOCUMENTATION |
|---|------------------|---|
| Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and | \$ | One month of income verification for all members of household |
| bonuses | | Two most recent bank statements showingincome deposit amounts |
| Self-employment income | \$ | Two most recent bank statements showing selfemployed income deposit amounts OR |
| | | Most recent signed and dated quarterly or year-to- date profit/loss statement OR |
| | | Most recent complete and signed business taxreturn OR |
| | | Most recent complete and signed individual federal income tax return |
| Unemployment benefit income | \$ | Benefit statement or proof that benefits have ceased |
| Taxable Social Security, pension, disability, death benefits, adoption | \$ | Two most recent bank statements showing deposit amounts OR |
| assistance, housing allowance, and other public assistance | | Award letters or other documentation showing the amount and frequency of the benefits |
| Non-taxable Social Security or disability income | \$ | Two most recent bank statements showing deposit amounts OR |
| | | Award letters or other documentation showing the amount and frequency of the benefits |
| Rental income (rents received, less expenses other than mortgage | \$ | Two most recent bank statements demonstrating receipt of rent OR |
| expense) | | Two most recent deposited rent checks |
| Investment or insurance income | \$ | Two most recent investment statements OR |
| | | Two most recent bank statements supporting receipt of the income |
| Other sources of income not listed above (Note: Only include alimony, | \$ | Two most recent bank statements showing receipt of income OR |
| child support, or separate maintenance income if you choose to have it considered for repaying this loan) | | Other documentation showing the amount and frequency of the income |

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

| Checking account(s) and cash on hand | \$ |
|--|----|
| Savings, money market funds, and Certificates of Deposit (CDs) | \$ |
| Stocks and bonds (non-retirement accounts) | \$ |
| Other: | \$ |