Dear Mortgage Customer(s):

Thank you for taking the first step towards resolving your mortgage payment difficulties. The following is M&T Bank’s loss mitigation application that contains the required application materials. You will need to provide M&T Bank with the required financial information requested in this package and complete the enclosed forms. Upon receipt of your documentation, we will be able to begin our review to determine if you qualify for a loss mitigation option in accordance with investor guidelines.

Important
Investor guidelines may require that we review your file for home retention options first. If you qualify for a home retention option based on your investor guidelines, you may not be qualified to participate in a Pre-foreclosure Sale/Short Sale program.

Getting Started
Please see the next page of this loss mitigation application, for a checklist of the documents you are required to complete and return to us. The Borrower Financial Report and other required documents can be sent back to us by Email in PDF format, Fax, or mail as indicated below.

Email: opsmtgsupport@mtb.com
Fax: 1-855-678-0866
Mail: M&T Bank, P.O. Box 840, Buffalo, NY 14240

Our ability to review your request will depend on how quickly you submit a complete application. It is possible that after our review, additional information may be requested from you. A decision will be reached within thirty (30) days from the date M&T Bank receives all of the required documentation to determine if any loss mitigation options are available. If applicable, this would include approval from the mortgage insurance company. If there are any other mortgage loans secured by the above property, please contact that servicer to discuss any available loss mitigation options. Please note that if we receive a completed package from you with 37 or fewer days before your scheduled foreclosure sale date, there is no guarantee that we will be able to evaluate you for loss mitigation assistance in time to stop the foreclosure sale.

Until a decision is made with respect to your loss mitigation assistance request, you may still receive notices and you should make every attempt to continue making your contractual payments during the review process. There is a possibility that the foreclosure process may commence/continue. If you do not intend to retain ownership of your home, understand that the owner of your loan requires that all properties be maintained until closing. Please keep the property in good condition and repair.

If you need any assistance or have any questions, please do not hesitate to contact our Single Point of Contact Team at 1-800-724-1633. Please note, if you have an FHA-insured mortgage and have not received Consumer Credit Counseling, you should contact HUD-approved credit counseling for assistance. To contact one of these agencies in your area, please call 1-800-569-4287 or visit http://www.hud.gov/counseling.

Sincerely,

Single Point of Contact Team
Homeowner Assistance Center
Hours: Mon.-Thur. 8am-9pm; Friday 9am-5pm EST
Phone: 1-800-724-1633
Fax: 1-855-678-0866
M&T Bank is attempting to collect a debt and any information obtained will be used for that purpose. To the extent your original obligation was discharged, or is subject to an automatic stay of bankruptcy under Title 11 of the United States Code, this correspondence is for compliance or informational purposes only and does not constitute an attempt to collect a debt or to impose personal liability for such obligation. However, M&T Bank retains rights under its security instruments, including the right to foreclose its lien.

The below forms are required documents. These must be completed and signed by all borrowers:

- **Borrower Financial Report** (attached in this package)
- **Certification, Authorization and Acknowledgment Form** (attached in this package)
- **IRS Form 4506-T** (this allows us to verify tax return information) (attached in this package)

You must also submit:

- **Checking and Savings Account(s) Statements for the last two months**
- **Proof of all household income (only send in the following documents that apply):**
  - Most recent paystubs for the past 30 days including year to date income
  - Social Security Statements
  - Military Retirement Statements
  - Alimony
  - Child Support
  - Death Benefits
  - Real Estate/Rental Income
  - Non-Borrower Contribution
  - Unemployment Income
  - Self-Employment Income
  - Public Assistance/Proof of Food Stamp Income
  - Other
- **Profit and Loss Statement Template** (attached in this package: you are only required to complete this if you are self-employed)

If you do not intend to maintain ownership of the property, the following information may be required to fully evaluate you for other non-home retention options. If you have any of the below, please include them in your Loss Mitigation Application:

- **M&T Bank Arm’s Length Addendum** (attached in this package: must be signed & dated by the seller(s) & buyer(s))
- **Listing Agreement** (current, non-expired listing agreement signed and dated by the sellers)
- **Current MLS print out**
- **Signed Authorization for a 3rd Party**
- **Purchase Contract** (signed and dated by the seller(s) and buyer(s))
- **Preliminary HUD-1 Settlement Statement**
- **Buyer’s Pre-approval Letter or Proof of Funds for a Cash Offer**

If you have an FHA-insured mortgage, please see the attached Pre-Foreclosure Sale Information Sheet for more information if you are unable to maintain ownership of your property.

CL430
Borrower Financial Report

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to M&T Bank via mail: P.O. Box 840, Buffalo, NY 14240-0840, fax: 1-855-678-0866, or email: opsmtgsupport@mtb.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. Please retain a copy of all documents mailed.

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 M&T Bank at 1-800-724-1633.

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.

If the borrower and co-borrower maintain separate households, each should complete a Borrower Financial Report. If there are three or more borrowers, please complete an additional Borrower Financial Report.

Borrower Information

<table>
<thead>
<tr>
<th>Borrower's Name: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number: ____________________</td>
</tr>
<tr>
<td>E-mail Address: ____________________________</td>
</tr>
<tr>
<td>Primary Phone Number: ______________________</td>
</tr>
<tr>
<td>□ Cell □ Home □ Work □ Other</td>
</tr>
<tr>
<td>Alternate Phone Number: ____________________</td>
</tr>
<tr>
<td>□ Cell □ Home □ Work □ Other</td>
</tr>
<tr>
<td>Preferred contact method (choose all that apply):</td>
</tr>
<tr>
<td>□ Cell phone □ Home phone □ Work phone □ Email</td>
</tr>
<tr>
<td>Are you a service member? □ Yes □ No</td>
</tr>
<tr>
<td>Have you recently been deployed away from your principal residence or recently received a permanent change of station order? □ Yes □ No</td>
</tr>
</tbody>
</table>

Co-Borrower Information

<table>
<thead>
<tr>
<th>Co-Borrower’s Name: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number: ____________________</td>
</tr>
<tr>
<td>E-mail Address: ____________________________</td>
</tr>
<tr>
<td>Primary Phone Number: ______________________</td>
</tr>
<tr>
<td>□ Cell □ Home □ Work □ Other</td>
</tr>
<tr>
<td>Alternate Phone Number: ____________________</td>
</tr>
<tr>
<td>□ Cell □ Home □ Work □ Other</td>
</tr>
<tr>
<td>Preferred contact method (choose all that apply):</td>
</tr>
<tr>
<td>□ Cell phone □ Home phone □ Work phone □ Email</td>
</tr>
<tr>
<td>Are you a service member? □ Yes □ No</td>
</tr>
<tr>
<td>Have you recently been deployed away from your principal residence or recently received a permanent change of station order? □ Yes □ No</td>
</tr>
</tbody>
</table>

Property Status

Property Address: ____________________________________________________________

Mailing address (if different from property address): ________________________________

• The property is currently: □ A primary residence □ A second home □ An investment property
• The property is (select all that apply): □ Owner Occupied □ Renter Occupied □ Vacant
• I want to: □ Keep the property □ Sell the property □ Transfer ownership of the property to my servicer □ Undecided

Is the property listed for sale? □ No □ Yes – If yes, provide the listing agent’s name, phone number and email address: ____________________________________________________________

Current Listing Price: $ ________________ Date Property was listed: ________________
Property Information

**Escrow and Homeowner Association Fees:**

If the mortgage loan is not escrowed, indicate the monthly insurance premium: $__________________

If the mortgage loan is not escrowed, indicate the tax amount: $__________________  □ Yearly  □ Monthly  □ Quarterly

Is the property subject to condominium or homeowners’ association (HOA) fees? □ No □ Yes – If yes, indicate monthly dues: $________

Borrower Employment Status

**Borrower Employment Status (check box)**

□ Self-Employed
  ▪ Date Business Began: ____________

□ Employed
  ▪ Date of Hire – Primary Job: ____________
  ▪ Date of Hire – Secondary Job: ____________

□ Unemployed
  ▪ Date of Unemployment: ____________
  ▪ Are you actively seeking employment?  □ Yes □ No

□ Leave of Absence
  ▪ Date Anticipated to Return to Work: ____________

□ Retired

**Co-Borrower Employment Status (check box)**

□ Self-Employed
  ▪ Date Business Began: ____________

□ Employed
  ▪ Date of Hire – Primary Job: ____________
  ▪ Date of Hire – Secondary Job: ____________

□ Unemployed
  ▪ Date of Unemployment: ____________
  ▪ Are you actively seeking employment?  □ Yes □ No

□ Leave of Absence
  ▪ Date Anticipated to Return to Work: ____________

□ Retired

Household Contribution

Total Household Size (including all adults and children): ____________________________________________

Contribution Amount

Amount of funds available toward arrears: $__________________

Date Available: ____________

Provide proof of the funds, such as a bank account or other financial statement.

Bankruptcy Information

**Filed for Bankruptcy?**

□ Yes  □ No

If yes, which chapter?

□ Chapter 13  □ Chapter 7

**Filing Date:** ____________

**Bankruptcy Case Number:** ____________

**Attorney’s Name and Telephone Number:** __________________________

**Discharged Bankruptcy?**

□ Yes  □ No

Date that the Bankruptcy was discharged: ____________
The hardship causing mortgage payment challenges began on approximately (date) __________ and is believed to be:

- [ ] A one-time occurrence (please explain on the next page)
- [ ] Short-term (up to 6 months)
- [ ] Long-term or permanent (greater than 6 months)
- [ ] Resolved as of (date) _______

### TYPE OF HARDSHIP (CHECK ALL THAT APPLY)

Please note: Types of Hardship Continue onto the next page

<table>
<thead>
<tr>
<th>Type of Hardship</th>
<th>Required Hardship Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>▪ Date of Unemployment: _______________</td>
</tr>
</tbody>
</table>
| 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, business failure) | ▪ Date of reduced income: _______________
|                                                                                  | ▪ Amount reduced: _______________
|                                                                                  | ▪ Explain: __________________________________________________________________________________ |
| Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment) | ▪ Date of increased expenses: _______________
|                                                                                  | ▪ Amount increased: _______________
|                                                                                  | ▪ Explain: __________________________________________________________________________________ |
| Disaster (natural or man-made) impacting the property or borrower’s place of employment | ▪ Date of Disaster: _______________                                                                 |
| Divorce or legal separation                                                      | ▪ Final Divorce Decree or Final Separation Agreement OR Recorded Quitclaim Deed                      |
| 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 is not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders) |
| 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 |
| Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member | ▪ Written statement from the borrower, or other documentation verifying disability illness
<p>|                                                                                  | ▪ NOTE: Detailed medical information is not required, and information from a medical provider is not required |
| Death of borrower or death of either the primary or secondary wage earner       | ▪ Death certificate                                                                                 |</p>
<table>
<thead>
<tr>
<th>TYPE OF HARDSHIP (CHECK ALL THAT APPLY)</th>
<th>REQUIRED HARDSHIP DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Military Service</td>
<td>▪ Please explain below</td>
</tr>
<tr>
<td>□ Excessive Obligations</td>
<td>▪ Please explain below</td>
</tr>
<tr>
<td>□ One-Time Occurrence</td>
<td>▪ Amount: $ ______________</td>
</tr>
<tr>
<td></td>
<td>▪ Explain: ____________________</td>
</tr>
<tr>
<td>□ Other – hardship that is not covered above</td>
<td>▪ Please explain below</td>
</tr>
</tbody>
</table>

Describe your hardship in detail below. Please attach additional pages, if needed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Borrower Income**

If there has been a change in your income or expense due to your stated hardship, input both the amount before and after the date of hardship to show the change. If the income or expense was not affected by the hardship, or there has been no change, mark N/A in the ‘Before Date of Hardship’ field.

<table>
<thead>
<tr>
<th>INCOME TYPE</th>
<th>Before Date of Hardship</th>
<th>Current Income (After Date of Hardship)</th>
<th>REQUIRED INCOME DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrower — Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses</td>
<td>$</td>
<td>$</td>
<td>▪ Most recent pay stubs for the past 30 days including year to date income</td>
</tr>
</tbody>
</table>

*Seasonal or School District employees indicate number of months you are paid each year: ________
If you receive bonus/commission, what is the frequency (i.e.: weekly, quarterly, annually): ____________________
Are there any changes expected in employment status? □ No □ Yes – If yes, please explain: ____________________

Co-Borrower — Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses | $ | $ | ▪ Most recent pay stubs for the past 30 days including year to date income |

*Seasonal or School District employees indicate number of months you are paid each year: ________
If you receive bonus/commission, what is the frequency (i.e.: weekly, quarterly, annually): ____________________
Are there any changes expected in employment status? □ No □ Yes – If yes, please explain: ____________________

Self-employment income (including 1099 employees) *list each business/1099 separately: #1 #2 #3 | $ | $ | ▪ Most recent yearly or quarterly Profit and Loss statement signed and dated. Most recent filed Federal Business and Personal tax returns with all schedules signed and dated. All personal and business bank statements for two (2) months within the last 90 days and within the timeframe of the P&L. If there are business deposits appearing on the personal bank statement, circle and label those deposits. Complete attached Profit & Loss Statement |

Unemployment | $ | $ | ▪ Copy of award letter, weekly or monthly amount. The letter must include the length of time the benefits are approved for.
▪ An affidavit signed by the Borrower, stating the date that the borrower became unemployed and stating that the Borrower is actively seeking and is available, for employment. |

Social Security, long-term disability, short-term disability, death benefits, personal/retirement | $ | $ | ▪ Documentation showing the amount and frequency of the benefits, such as letters, policy or benefit statements from the provider and documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.  
▪ If applicable, how long will you be receiving disability? Long-Term: _____________ Short-Term: ______________ |

*Child Support: List the names and dates of birth for all children for which child support is being received: Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Total Supplemental SSI: $ ________ | $ | $ | ▪ *You do not have to provide Alimony, Child Support, or Separate Maintenance income or information if you, the borrower or co-borrower, do not wish to have that information considered for the repayment of this loan.
▪ Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of the time over which the payments will be received, and copies of your two most recent bank statements or other third-party documents showing receipt of payment. |

*Alimony | $ | $ | ▪ Signed and notarized letter from contributor stating the amount and frequency of their contribution. Contributor must also sign the Certification, Authorization form. Proof of receipt of the contribution amount by the borrower, such as copies of the two most recent bank statements showing deposit amounts. |

Non-Borrower Contribution: Name: ________________________ | $ | $ | ▪ |

* Child Support: List the names and dates of birth for all children for which child support is being received:

Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Name: _____________ D.O.B _____
Total Supplemental SSI: $ ________

*Alimony

Non-Borrower Contribution: Name: ________________________
## INCOME TYPE CONTINUED

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Before Date of Hardship</th>
<th>Current Income (After Date Of Hardship)</th>
<th>Required Income Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate/Rental</td>
<td>$</td>
<td>$</td>
<td>▪ Proof of deposit and signed lease agreement with valid dates, or a notarized letter from the tenant that includes the address and the amount paid for rent, along with proof of rents received.</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
<td>$</td>
<td>▪ Current Award Letter. This will be used to offset your food expense. Food Stamps will not be counted as “income”</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
<td>▪ Documentation to substantiate income source along with proof of funds received.</td>
</tr>
</tbody>
</table>

## Borrower Expenses

If there has been a change in your income or expense due to your stated hardship, input both the amount before and after the date of hardship to show the change. If the income or expense was not affected by the hardship, or there has been no change, mark N/A in the ‘Before Date of Hardship’ field.

### EXPENSE TYPE

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Before Date of Hardship</th>
<th>Current Expenses (After Date Of Hardship)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Installment Debts (monthly payments)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Student Loans</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Installment for Car #1</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Installment for Car #2</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Second Mortgage</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Home Equity Loan</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Loan #1</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Loan #2</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Food, Clothing &amp; Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food (out of pocket amount after any food stamps benefits)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Laundry &amp; Dry Cleaning</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Housekeeping Supplies</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric &amp; Heating Fuel</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Water &amp; Sewer</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Telephone/Cell Phone</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Garbage</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Security/Alarm</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cable TV/Satellite/Internet</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Vehicles:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Parking</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Bus Fare</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Subway/Train</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Car Pool</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Car Maintenance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### EXPENSE TYPE

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Before Date of Hardship</th>
<th>Current Expenses (After Date Of Hardship)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject Property Expenses (only those expenses that are not escrowed/paid through the monthly mortgage payment)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxes (if not escrowed)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeowner’s Insurance (if not escrowed)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOA or Condo Fee</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Household Rental Expenses (only complete if you do not live in the subject property)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Rent</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Renter’s Insurance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Other Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support (if not deducted from pay check)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony (if not deducted from pay check)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dependents (not living at home)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Tuition/Other School Expenses</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Life Insurance (if not deducted from pay)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Health/Dental Insurance (if not deducted from pay)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical and Dental (out of pocket)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Religious/Charity Contribution</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Checking account(s) and cash on hand</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings, money market funds, and Certificates of Deposit (CDs)</td>
<td>$</td>
</tr>
<tr>
<td>Stocks and bonds (non-retirement accounts)</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
</tbody>
</table>

Title

Are you or the co-borrower known by any other name?

☐ Yes ☐ No

If yes, what other names are you or the co-borrower known by?

________________________________________________________________________

Marital Status

We are collecting the data on this form for the limited purpose for verifying your marital status so that we can determine whether additional signatures (besides yours) are required to close your loss mitigation option should you be approved.

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

Transfer of Property:

Have you transferred the property (or any interest therein) to another person, company or trust? ☐ Yes ☐ No

If yes, what is the name of the other person, company or trust you transferred title to?

________________________________________________________________________

Power of Attorney:

Will you be using a Power of Attorney to sign on someone else’s behalf if your loan modification is approved? ☐ Yes ☐ No

☐ Yes ☐ No

☐ Please send a Recorded Power of Attorney Document

Second Lien Information:

If there is a 2nd Lien associated with this property please provide the information below:

Lien Holder’s Name: ___________________________

Lien Holder’s Phone Number: ___________________

Amount of Lien: $ ____________________________

Loan Number: ________________________________
CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGEMENT

I/We have requested that M&T Bank (hereinafter “M&T” or “You”) evaluate me/us for loss mitigation assistance.

Certification: By signing below, I/we certify the following:
1. In connection with requesting assistance, I/we provided you with required information, including financial information. I/we certify that all of the information I/we provided is true, accurate and complete.

Authorization: By signing below, I/we authorize the following:
1. You may at any time obtain credit reports on me/us or any other information you feel is necessary in connection with my/our request. If I/we ask You, You will tell me/us if a credit report was obtained and, if so, the name and address of the credit reporting agency furnishing the report (NY Gen Bus Law Sec 380-b(b))

2. You may engage in discussions with me or my designated representative, regarding this request, the documentation and information I/we submitted, all foreclosure alternative programs, any loan documentation, servicing records or payment records.

_________________________________  ___________________  ___________________
(Print) Name   Contact Number  Date

This authorization is permitted for one year from the date referenced above or until cancelled by you in writing.

______________________________
Initial

3. You and the mortgage insurer, if any, may discuss and share any and all documentation about my mortgage loan and personal financial situation with each other, as You or the mortgage insurer deem necessary.

Acknowledgement:
I/We acknowledge that M&T is not under any obligation to agree to any loss mitigation assistance/alternative to foreclosure. The decision will be based on, among other things, my/our financial information, credit report and payment history. I/We understand that any agreement that I/we may reach with M&T must be in writing, to be binding upon me/us and M&T.

I/We agree that discussions regarding loss mitigation or a possible alternative to foreclosure will not constitute a waiver or defense to M&T Bank’s right to commence or continue any foreclosure or other collection action or otherwise enforce its rights under the Note, Mortgage or other loan documents.

I/We understand that this document is a legally binding agreement and that I/we have the right to seek the advice of legal counsel before signing it.

I/We acknowledge that while there is no application fee in connection with a request for loss mitigation assistance, I/we may be responsible, as permitted by applicable law and/or investor requirement, for certain fees associated with the obtaining of information utilized in the loss mitigation determination (e.g. title search, property appraisal, etc.)

Loan Number: ____________________
Authorization to release information: You may use the following authorization, at any time, to obtain any information you need in connection with my/our request.

To Whom It May Concern:

1. M&T Bank (“M&T”), any investor that makes or purchases my loan, and the mortgage insurer of my loan (if any), may verify information contained in my application and in other documents required in connection with my loan, either before or after my loan is closed.
2. I authorize you to provide to M&T and to any investor, to the mortgage insurer of my loan (if any), and to the servicer of my loan, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income, any deposit or investment account balances, and credit history.
3. M&T or any investor of my loan or the mortgage insurer of my loan (if any) may address this authorization to any party in possession of any of the above information.
4. A copy of this authorization may be accepted as an original.

I further certify that, to the best of my knowledge and belief, the information in this affidavit is true, complete, and correct.

_________________________      _________________      ___________________
Borrower Date SS Number

_________________________      _________________      ___________________
Co-Borrower Date SS Number

If you are not obligated under the terms of the loan and want to have your financial information considered for this request, please authorize by signing below.

_________________________      _________________      ___________________
Additional Contributor Date SS Number

Loan Number _________________

Please submit your completed application, together with the required documentation, to M&T Bank via mail:
P.O. Box 840, Buffalo, NY 14240-0840, fax: 1-855-678-0866, or email: opsmtgsupport@mtb.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.
Form 4506-T
(September 2018)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.
▶ Request may be rejected if the form is incomplete or illegible.
▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

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 “Get a Tax Transcript...” under “Tools” 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 name, 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)

5a 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.

5b Customer file number (if applicable) (see instructions)

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. 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 1120-A, Form 1120-H, Form 1120-L, 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 10 business 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 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business 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 / 2016 12 / 31 / 2017 / / / /

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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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: This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions) Date

Phone number of taxpayer on line 1a or 2a

Sign Here

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

Spouse’s signature Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Chart for all other transcripts

If you lived in or your business was in:  
Mail or fax to:  
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country:  
Internal Revenue Service  
RAVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409  
1-855-298-1145  

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin:  
Internal Revenue Service  
RAVS Team  
P.O. Box 145500  
Stop 2800 F  
Cincinnati, OH 45250  
855-800-8015

Purpose of form. Use Form 4506-T to request tax return information. You may also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Form 4506-T is a simpler form used to request your tax return information. By using our automated self-help service tools, please visit us at IRS.gov and click on “Get a Tax Transcript...” under “Tools” or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:  
Mail or fax to:  
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country:  
Internal Revenue Service  
RAVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
855-587-9604

American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address:  
855-587-9604

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming:  
Internal Revenue Service  
RAVS Team  
Stop 37106  
Fresno, CA 93888  
855-800-8105

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia:  
Internal Revenue Service  
RAVS Team  
Stop 6705 P-6  
Kansas City, MO 64999  
855-821-0094

Corporations. Generally, Form 4506-T can be signed by:  
(1) an officer having legal authority to bind the corporation,  
(2) any person designated by the board of directors or other governing body, or  
(3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide officer of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester’s right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by the person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to your tax return. We will use this information to make sure that only a properly identified individual can receive information that relates to your tax return.

We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript. You must sign any request transcript. If you request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min. If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
Constitution Ave. NW, IR-6526  
Washington, DC 20224  
Do not send the form to this address. Instead, see Where to file on this page.
**PROFIT AND LOSS STATEMENT (MINIMUM OF LAST FULL THREE MONTHS BUT NO MORE THAN 12)**

Please complete a separate Profit and Loss Statement for each business owned by the borrower(s)  
*This form also needs to be completed if you are a 1099 employee*

**Company Name:** __________________________________________________________________________________

**Type of Business:** ___________________________________________%

Check one: **Business is**  
☐ All year OR  ☐ Seasonal If seasonal enter the number of month’s ________

**For the Period:** _____________ through _____________  
Date of business formation: ______________  
MM/DD/YYYY                    MM/DD/YYYY         MM/DD/YYYY

**Name(s) of Business Owner(s):** _______________________________________________________________________

**Income:**  
<table>
<thead>
<tr>
<th>Gross Sales and Receipts</th>
<th>____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of Goods Sold</td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Other Income:**  
| Interest, fees earned, etc | ____________________ |

**Total Income (Gross Sales + Other Income) | ____________________**

**Business-Only Expenses:**  
| Officer Wages and Salaries | ____________________ |
| How are the wages received? ☐ W-2 ☐ Owner draws (if taxes deducted, provide 30-days current paystubs) | ____________________ |
| Employee Wages and Salaries | ____________________ |
| Payroll Taxes Business | ____________________ |
| Utilities | ____________________ |
| Business Rent and/or Mortgage Payments Insurance | ____________________ |
| Advertising | ____________________ |
| Telephone Office | ____________________ |
| Expenses | ____________________ |
| Repairs and Maintenance | ____________________ |
| Business Travel, Meals, and Entertainment Supplies | ____________________ |
| Other Business Expenses | ____________________ |
| Other Business Expenses | ____________________ |
| Other Business Expenses | ____________________ |

**Total Business Expenses | ____________________**

**Net Income/Loss: (Total Income minus Total Business Expenses) | ____________________**

Amounts can be verified with my ☐ Business Bank Statements ☐ Personal Bank Statements  
This form accurately states my/our business expenses and self-employed income for the stated period.

___________________________  Date

___________________________  Date

___________________________

___________________________  Date

M&T Bank Profit & Loss Statement  May 2018
This Pre-Foreclosure Sale Addendum ("Addendum") is given by the Seller(s), Buyer(s), Agent(s), and Facilitator/Negotiator to the Mortgagee of the mortgage loan secured by the Property ("Mortgage") in consideration for the mutual and respective benefits to be derived from the pre-foreclosure sale of the Property.

NOW, THEREFORE, the Seller(s), Buyer(s), Agent(s), and Facilitator/Negotiator do hereby represent, warrant and agree under the pains and penalties of perjury, to the best of each signatory’s knowledge and belief, as follows:

(a) The sale of the Property is an “arm’s length” transaction, between Seller(s) and Buyer(s) who are unrelated and unaffiliated by family, marriage, or commercial enterprise. Additionally, the transaction is characterized by a selling price and other conditions that would prevail in an open market environment and there are no hidden terms or special understandings that exist between any of the parties involved in the transaction including, but not limited to the buyer, seller, appraiser, broker, sales agent (including, but not limited to the listing agent and seller’s agent), closing agent and mortgagee, except where such provision is expressly prohibited by law;

(b) Any relationship or affiliation by family, marriage or commercial enterprise to the Seller(s) or Buyer(s) by other parties involved in the sale of the Property has been disclosed to the Mortgagee;

(c) There are no agreements, understandings or contracts between the Seller(s) and Buyer(s) that the Seller(s) will remain in the Property as tenants or later obtain title or ownership of the Property, except that the Seller(s) are permitted to remain as tenants in the Property for a short term, as is common and customary in the market but no longer than ninety (90) days, in order to facilitate relocation, except where such provision is expressly prohibited by law;
(d) Neither the Seller(s) nor the Buyer(s) will receive any funds or commissions from the sale of the Property except that the Seller(s) may receive a payment if it is offered by the Mortgagee, and, if the payment is made at closing of the sale of the Property, reflected on the HUD-1 Settlement Statement;

(e) There are no agreements, understandings, current or pending higher offers, or contracts relating to the current sale of subsequent sale of the Property that have not been disclosed to the Mortgagee;

(f) The current sale transaction is a market real estate transaction, and the buyer is making an outright purchase of real property;

(g) The current sale transactions will be recorded;

(h) All amounts to be paid to any person or entity, including holders of other liens on the Property, in connection with the pre-foreclosure sale have been disclosed to and approved by the Mortgagee and will be reflected on the HUD-1 Settlement Statement;

(i) Each signatory understands, agrees and intends that the Mortgagee is relying upon the statements made in the Addendum as consideration for the reduction of the payoff amount of the Mortgage and agreement to the sale of the Property;

(j) Each signatory who makes a negligent or intentional misrepresentation agrees to indemnify the Mortgagee for any and all loss resulting from the misrepresentation including, but not limited to, repayment of the amount of the reduced payoff of the Mortgage;

(k) This Addendum and all representations, warranties and settlements made herein will survive the closing of the pre-foreclosure sale transaction;

(l) Except for the real estate agents and brokers identified in this addendum, the signatories to this agreement can only serve in one capacity in order to be in compliance with HUD’s policies on conflicts of interest and arms-length transactions;

(m) The listing Agent and Listing Broker certify that the subject property was initially listed in the Multiple Listing Service (MLS) for a period of 15 calendar days before any offers were evaluated;

(n) If multiple offers were under consideration at the time the offer was submitted for acceptance, the Listing Agent and Listing Broker certify that, of all of the offers meeting HUD’s guidelines, this offer yield the highest net return; and

(o) Each signatory certifies that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001. 1010. 1012; 31 U.S.C. 3729. 3802)
M&T Bank ARM’s Length Addendum – only complete this form if there is a purchase offer on the property

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Seller’s Signature) By:_________________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Seller’s Signature) By:_________________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Listing Agent’s Signature) By:____________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Listing Broker’s Signature) By:____________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Buyer’s Signature) By:_________________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Buyer’s Signature) By:_________________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Buyer’s Agent’s Signature) By:____________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Buyer’s Brokers’ Signature) By:____________________________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Transaction Facilitator’s Signature (if applicable)) By:__________________________________________

IN WITNESS WHEREOF, I have subscribed my name this _____ day of ____________________, 20__.
(Escrow Closing Agent’s Signature) By:______________________________________________________

750-400 2-0219B - Page 3
Pre-foreclosure Sale Procedure

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 1064 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988 authorizes the Secretary to pay an insurance claim that “bridges the gap” between the fair market value proceeds from the HUD-approved third party sale of a property. The respondents are lenders, counselors, and homeowners who are attempting to sell their properties prior to foreclosure. The Privacy Act of 1974 pledges assurances of confidentiality to respondents. HUD generally discloses this data only in response to a Freedom of Information request.

Homeowners who have defaulted on their mortgages often attempt to sell their properties in order to avoid foreclosure and to protect their credit standing. However, because of declining property values in certain areas, some homeowners cannot realize enough from the sale to pay off their mortgage balances.

Therefore, the Department of Housing and Urban Development (HUD) has implemented the Pre-foreclosure Sale (PFS) Program. This program permits homeowners to attempt to sell their home for a fair market sale price, which can be less than the amount owed to the lender. HUD then reimburses the lender for the difference between the sale proceeds and the outstanding mortgage indebtedness.

Homeowners who sell their properties under the PFS Program may also benefit by avoiding the effect of a foreclosure on their credit rating.

Upon review of the homeowner’s financial situation, the lender will determine the type of PFS process for which the homeowner qualifies: (1) Standard PFS, (2) Streamlined PFS, or (3) Streamlined PFS for Servicemembers with Permanent Change of Station Orders.

Once the type of PFS has been determined, there are certain criteria which must be met before the homeowner may be permitted to pursue a PFS.

Homeowners must engage the services of a real estate broker/agent. The real estate broker/agent selected must have no conflict of interest with the homeowner, lender, appraiser, or buyer associated with the PFS transaction. The transaction must be between two unrelated parties and be characterized by a selling price and other conditions that would prevail in a typical real estate sales transaction. If the homeowner secures a sales contract prior to receiving the Approval to Participate, the homeowner may submit the contract to the lender for consideration of PFS Program approval.

Owner-occupant homeowners who are not required to make minimum cash reserve contributions and successfully sell their properties using this program are relieved of their mortgage obligation and may be entitled to a cash incentive up to $3,000. The homeowner may apply a portion or the entire amount of the $3,000 consideration to resolve junior liens and to offset the sales transaction costs not paid by HUD (including a home warranty plan fee, costs of optional repairs, and buyer’s closing expenses). Eligible homeowners are permitted at closing to receive the remaining amount from the aforementioned $3,000 consideration. This remaining amount may only be used for transition or relocation assistance.

If, after a good faith effort, an acceptable purchase offer is not obtained within the allotted time, the lender may accept a Deed-in-Lieu (DIL) of Foreclosure from the homeowner. While a DIL is less desirable than a PFS on a homeowner’s credit record, it is still looked upon more favorably by creditors than a foreclosure.

By calling this number, 1-800-724-1633, the homeowner will receive further details from their lender about the procedure and whether they may qualify. Please NOTE that the homeowner is under no obligation to make this call.