

KEYBANK REQUEST FOR ASSISTANCE FORM COVER LETTER

Please complete the attached application and submit to KeyBank using any of the following delivery methods below:

FAX: 216-370-5819

EMAIL: Loss_Mitigation@keybank.com

**U.S MAIL ADDRESS: ATTN: Loss Mitigation
 MailCode: OH-01-51-4002
 KeyBank
 4910 Tiedeman Road
 Brooklyn, OH 44144**

****Please make sure to attach all required documents and write your account number at the top of every document to prevent possible delays in processing your request.****

If you have any questions or require additional information to complete this application, please contact our Loss Mitigation Single Point of Contact Team at: 866.947.2610 Mon – Fri between the hours of 8am – 5pm EST

If you have additional accounts that are secured by the property securing your KeyBank account(s), you may want to contact your other servicers to discuss loss mitigation options that may be available to you.

If you have filed Bankruptcy: To the extent your original obligation was discharged, or is subject to an automatic stay of bankruptcy under Title 11 of United States Code, this correspondence is for compliance and/or informational purposes only and does not constitute an attempt to collect a debt or impose personal liability for such obligation. However, if you have a secured loan, KeyBank retains rights under its security instrument, including the right to foreclosure its lien.

REQUEST FOR LOSS MITIGATION ASSISTANCE FORM

Important: Please complete Sections A–J. To avoid delays, please make sure to complete each section that applies to you in full.

Loan Number: _____

Borrower(s) and Co-Borrower(s) (if applicable): Complete all sections with information for Borrower and Co-Borrower.

Spouse or another person: Please provide the name of any person(s) who has community property or similar rights pursuant to applicable state law: _____

| SECTION A: BORROWER | CO-BORROWER (if applicable) |
|--------------------------------------|--------------------------------------|
| Borrower Name: | Co-Borrower Name: |
| Social Security Number: | Social Security Number: |
| Home Phone Number with Area Code*: | Home Phone Number with Area Code*: |
| Cell or Work Number with Area Code*: | Cell or Work Number with Area Code*: |
| Email Address: | Email Address: |

***When you give us your mobile phone number, we have your permission to contact you at that number about all your KeyBank accounts. Your consent allows us to use artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.**

| |
|--|
| <p>Borrower Mailing Address:</p> <p>Co-Borrower Mailing Address (if same as borrower's address, just write same):</p> <p>Property Address (if same as mailing address, just write "same"):</p> |
|--|

| SECTION B: SERVICEMEMBER INFORMATION (Circle any that apply) | |
|--|--------|
| Is any borrower an active duty Servicemember or was any borrower an active duty Servicemember within the last 12 months? | Yes No |
| Has the Servicemember recently been deployed away from their principal residence or recently received a Permanent Change of Station (PCS) order? | Yes No |

| SECTION C: TYPE OF KEY REAL ESTATE PRODUCT ON THIS PROPERTY | | BORROWER INTENT (please select one) |
|---|-----------------|--|
| Mortgage | Account Number: | The property is my: <input type="radio"/> Primary Residence <input type="radio"/> Second Home Investment The property is: <input type="radio"/> Owner Occupied <input type="radio"/> Renter Occupied <input type="radio"/> Vacant My intention with the property is: <input type="radio"/> To Sell <input type="radio"/> To Keep |
| Home Equity Line/Loan | Account Number: | |
| Other Liens | Account Number: | |

| SECTION D: HARDSHIP EXPLANATION |
|--|
| <p>Please describe the hardship which has caused the mortgage payment challenges: (Additional space on page 9)</p> <div style="border: 1px solid black; height: 350px; width: 100%;"></div> |
| <p>Date Hardship Began: _____</p> <p>I believe that my situation is: (please select one)</p> <ul style="list-style-type: none"> <input type="radio"/> Hardship is resolved however I am not able to bring myself current <input type="radio"/> Long-term or permanent |

SECTION E: HARDSHIP DOCUMENTATION

I am having difficulty making my monthly payment because of the reason(s) set forth below:
(Please check the primary reason and submit required documentation (if required demonstrating your primary hardship))

| If Your Hardship is: | Then the Required Hardship Documentation is: |
|---|---|
| <input type="checkbox"/> Unemployment | No hardship documentation required |
| <input type="checkbox"/> 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) | No hardship documentation required |
| <input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside of your control | No hardship documentation required |
| <input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household | Death certificate; <u>OR</u> Obituary or newspaper article reporting the death <u>AND</u> Executor of Estate documents if you are not obligated on the Note. |
| <input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member | Proof of monthly insurance benefits or government assistance (if applicable); <u>OR</u> Written statement or other documentation verifying disability or illness; <u>OR</u> Doctor's certificate of illness or disability; <u>OR</u> Medical bills None of the above shall require providing detailed medical information. |
| <input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment | Insurance claim; <u>OR</u> Federal Emergency Management Agency grant or Small Business Administration loan; <u>OR</u> Borrower or Employer property located in a federally declared disaster area |
| <input type="checkbox"/> Distant employment transfer / Relocation / Permanent Change of Station (PCS) Order | For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new employment location; <u>OR</u> Paystub from new employer Copy of PCS order |
| <input type="checkbox"/> Business Failure | Tax return from the previous year (including all schedules) <u>AND</u> Proof of business failure supported by one of the following: Bankruptcy filing for the business; <u>OR</u> Two months recent bank statements for the business account evidencing cessation of business activity; <u>OR</u> Most recent signed and dated quarterly or year-to-date profit and loss Statement |

| SECTION F: MONTHLY HOUSEHOLD INCOME | | SECTION G: REQUIRED INCOME DOCUMENTATION |
|--|----|---|
| Gross Wages | \$ | For each borrower who is a salaried employee or paid by the hour, include 2 most recent consecutive paystub(s) if paid bi-weekly , 4 most recent consecutive paystub if paid weekly . |
| Overtime, Tips, commissions, bonus | \$ | For each borrower who is a salaried employee or paid by the hour, include 2 most recent consecutive paystub(s) if paid bi-weekly , 4 most recent consecutive paystub if paid weekly . |
| Child Support/Alimony* | \$ | For each borrower who receives child support or alimony please provide court decree that states the amount of alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and Copies of your three most recent bank statements or other third-party documents showing receipt of payment. |
| Non-taxable social security/SSDI/Basic Housing Allowance | \$ | Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and Documentation showing the receipt of payment, such as copies of the three most recent bank statements showing deposit amounts. |
| Taxable SS benefits or other income from annuities or retirement plans | \$ | Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and Documentation showing the receipt of payment, such as copies of the three most recent bank statements showing deposit amounts. |
| Self- Employed Income | \$ | For each borrower who is self- employed, include year to date Profit and Loss Statement for each business. The Profit and Loss Statement must be signed and dated by the individual that prepared the statement. |
| Rents Received | \$ | For each borrower receiving rental income, include lease signed by tenant stating monthly rental income. |
| Unemployment Income | \$ | For each borrower receiving unemployment benefits include a letter from unemployment showing your weekly pay and Documentation showing the receipt of payment, such as copies of the three most recent bank statements showing deposit amounts Document showing how many months or unemployment you have left. |
| Food Stamps/Welfare | \$ | Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and Documentation showing the receipt of payment, such as copies of the three most recent bank statements showing deposit amounts. |
| Other (Please Explain) | \$ | Include any available documentation for "Other" |
| Total (Gross – Income) | \$ | |

*You do not have to disclose income from alimony, child support or separate maintenance payments unless you want us to consider it for qualifying for assistance options.

SECTION H: MONTHLY HOUSEHOLD EXPENSES

| Monthly Household Expenses and Debt Payments | | Personal Living Expenses | |
|--|----|-------------------------------------|----|
| First Mortgage Payment | \$ | Cable TV / Satellite | \$ |
| Known MIP (Mortgage Insurance Premium) | \$ | Telephone / Mobile Phone | \$ |
| Second Mortgage Payment | \$ | Internet Service | \$ |
| Mortgage Payments on other properties | \$ | Groceries / Food | \$ |
| Homeowners Insurance | \$ | Clothing | \$ |
| Flood Insurance | \$ | Spending Money | \$ |
| Property Taxes | \$ | Life Insurance | \$ |
| HOA / Condo Fees | \$ | Health Insurance | \$ |
| Property Maintenance | \$ | Prescription Drugs | \$ |
| Time Share Property | \$ | Medical / Dental Expenses | \$ |
| Water / Sewage | \$ | Alimony / Child Support | \$ |
| Heating / Electricity | \$ | Child Care | \$ |
| Car Lease Payments | \$ | School Tuition | \$ |
| Total Household Expenses and Debt Payments | \$ | Transportation | \$ |
| Other Loans | | Automobile Insurance | \$ |
| Credit Cards (total minimum payment per month) | \$ | Automobile Gasoline | \$ |
| Student Loans | \$ | Automobile Parking | \$ |
| Automobile Loans | \$ | Miscellaneous | |
| Other Loans | \$ | Religious / Charitable Contribution | \$ |
| Total Other Loans | \$ | Other Expense | \$ |
| | | Other Expense | \$ |
| | | Other Expense | \$ |
| | | Other Expense | \$ |
| | | Other Expense | \$ |
| Total Monthly Expenses | \$ | Total Miscellaneous | \$ |

| Household Assets (associated with the property and/borrower(s) excluding retirement funds) | |
|--|----|
| Checking Accounts | \$ |
| Savings/Money Market | \$ |
| CDs | \$ |
| Stocks/Bonds | \$ |
| Other Real Estate (estimated value) | \$ |
| Other | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Assets | \$ |

SECTION I: Any other liens (mortgage liens, mechanics liens, tax liens, etc)

| Lien Holder's Name | Balance and Interest Rate | Loan Number | Lien Holder's Phone Number |
|--------------------|---------------------------|-------------|----------------------------|
| | | | |
| | | | |
| | | | |

SECTION J: SHORT SALE

| |
|--|
| Is the property listed for sale? Yes No |
| If yes, is the property for sale by owner? Yes No |
| If yes, what was the listing date? |
| Have you received an offer on the property? Yes No |
| If yes, date of Offer: |
| Amount of Offer: \$ |
| Scheduled Closing Date: |
| Agent/Escrow Agent Name: |
| Agent's Phone Number: |
| ADDITIONAL DOCUMENTS REQUIRED (FOR SHORT SALE ONLY) |
| Purchase Agreement |
| Preliminary Final Disclosure |
| Senior Lien Holder Approval Letter (Real Estate Only; If Applicable) |

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All information in this Loss Mitigation Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by KeyBank (the "Servicer"), owner or guarantor of my mortgage, their agent(s), or an authorized third party, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - c. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer may obtain a title product to ensure the proper lien position. There may be fees associated with the title product that may be added to the balance due on the account.
10. The Servicer or authorized third party will collect and record personal information that I submit in this Loss Mitigation Assistance Form and during the evaluation process. This 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. I understand and consent to the Servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
11. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party*. By checking this box, I also consent to being contacted by text messaging.

Borrower Signature: _____ **Date:** _____

Co-Borrower Signature: _____ **Date:** _____

Borrower Authorization of Third Party

Borrower(s) name(s) _____

Property address _____

Mortgage loan account number(s) _____

Third Party Information (all applicable fields must be completed)

Name of Entity, Agency, Firm _____ Phone number _____

Name(s) of authorized person(s) _____

Mailing address _____

Office address _____

Email _____ Website URL _____

Tax ID# _____ State license # (if required) _____ Issuing state _____

For non-profit agencies only *

HUD Approved Counseling Agency?

Yes No

Approval valid until (date) _____

HUD HCS # _____

* Attach National Foreclosure Mitigation Counseling form
if needed

For attorneys only **

Do you represent the above named Borrower for a
workout arrangement with the named Servicer?

Yes No

Firm Name _____

Individual Attorney name(s) _____

All states where licensed _____

** Attorney who represents Borrower must sign below

Third Party Acknowledgement

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact made in connection with a government program such as Making Home Affordable may result in civil/criminal prosecution.

Signature of Third Party _____ Date _____

Printed name _____ Title _____

BORROWER INITIALS

Borrower Authorization (please initial all items)

Third Party you are authorizing (from first page) _____

_____ I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with the above named Mortgage Servicer (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

_____ I authorize my Mortgage Servicer, and Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

_____ I understand that my Mortgage Servicer may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

_____ I understand that this Third Party Authorization Form may not be accepted by my Mortgage Servicer and my Mortgage Servicer will notify me in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

This Authorization expires one year from the date signed unless Borrower cancels it earlier by writing to the Servicer or by completing an Authorization of a different Third Party.

Do not sign this form until the form is fully completed. Keep a copy of this form.

Be aware of scams!

Federal and State government agencies have prosecuted hundreds of companies and lawyers who illegally charge up-front fees.

Report scams at HOPE Hotline:

888-995-HOPE (4673)

Signature of borrower _____

Printed name _____ Date _____

Last 4 digits _____

of SSN Phone # _____

Email _____

Signature of co-borrower _____

Printed name _____ Date _____

Last 4 digits of SSN _____

Phone # _____

Email _____

This form should be transmitted to the Mortgage Servicer as soon as possible and no later than 90 days after the date signed.