

## Financial Hardship Affidavit

Borrower Name(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Lender: \_\_\_\_\_  
Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s offer of a conditional Loan Workout and Modification Agreement, I am submitting this form to the Lender and indicating by my checkmarks ("✓") the one or more events that contributed to my inability to remain current on my mortgage loan.

Borrower   Co-Borrower

- My income has been reduced or lost. For example: unemployment, reduced job hours, reduced pay, and decline in business earnings. Explain below.
- My household financial circumstances have changed. For example: permanent or short-term disability, death in the family, divorce or separation, increased family responsibilities (birth or adoption of a child, taking care of elderly relatives or other family members). Explain below.
- My expenses have increased. For example: my monthly mortgage payment will rise or has risen, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills. Explain below.
- Other: Explain below.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Borrower Acknowledgement**

I verify that the events identified above have contributed to my inability to remain current on my mortgage loan. I understand and acknowledge that the Lender may investigate the accuracy of the event(s), and may require me to provide supporting documentation. I understand that if I have misrepresented the event(s) or do not provide the required documentation that the Lender may cancel this agreement and re-start foreclosure activities.

\_\_\_\_\_  
Borrower Signature                      Date

E-mail Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_  
Co-Borrower Signature                      Date

E-mail Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_