

JAMES B. NUTTER & COMPANY

[816] 531-2345
[800] 875-7334

WESTPORT/PLAZA OFFICE
4153 BROADWAY
P.O. BOX 10346
KANSAS CITY, MISSOURI 64171-9936

Dear Mortgagor,

Enclosed you will find the application for a United States Department of Housing and Urban Development ("HUD") Loss Mitigation Program. All of the documents must be completed, included dates and signatures where applicable. Please do not send original documents for us to review; clear copies are sufficient. You should also keep a copy of your application for your records.

In addition to completing and returning the enclosed documents, please provide all of the following (if applicable):

1. **A minimum of three (3) most recent, consecutive pay stubs**
2. **If self-employed: Year to Date profit and loss statements compiled by a Certified Public Accountant, Accounting software or professionally prepared**
3. **Last 2 years Federal tax returns w/all schedules, W-2 forms & 1099's for each borrower**
4. **Last 3 months complete bank statements for all open accounts**
5. **Award letters to verify other income such as disability, pension, food stamps, social security benefits, alimony or child support (provide divorce decree or separation agreement)**
6. **If currently unemployed: Send Unemployment Benefits award letter or denial letter**
7. **Documented proof of hardship, such as: 1) receipts if claiming an increase in expenses or 2) copies of paystubs that support a reduction in hours worked.**

Please note: If your loan is in foreclosure and a sale date has been set, there is a possibility that time will not permit a complete review of your application, even if one is submitted. Questions regarding foreclosure can be directed to our Foreclosure Department at 1-800-943-7334 ext. 1870.

Should we have questions regarding the packet, we will promptly contact you, your attorney or third party, if you have retained someone to represent you. If you have questions, please feel free to contact our office during our regular business hours of 8:15am to 5:00pm Central time, Monday through Friday (except holidays), and ask to speak to a Loss Mitigation Specialist.

We encourage you to return the completed documents to us as soon as possible via one of the following methods:

1. Email: <https://nutterhomeloans.com/secure-contact>
2. Mail: James B. Nutter & Company, Attn: Loss Mitigation, 4153 Broadway, Kansas City, MO 64111
3. Fax: 816-873-1049 Attention: Loss Mitigation

The link below provides a list of HUD-approved counseling agencies in your area. HUD counselors can provide assistance with financial management, which encompasses not only your mortgage debt, but also your entire household debt. We encourage you to take advantage of this free service.

<http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call Toll Free: (800) 569-4287

Sincerely,

James B. Nutter & Company
Enclosures



Occupancy Affidavit

Loan Number: _____ Date: _____

Borrower(s): _____

Property Address: _____

Address of Residence: _____

Dates at Current Residence:

From _____ to _____

I/We acknowledge that by signing this Affidavit, I/We currently reside in the property. I/We understand that, if it is determined that I/We have made any false statements in regard to occupancy, I/We may no longer be eligible for loss mitigation assistance at this time or in the future due to false statements made in regards to a mortgage transaction, which could be considered "mortgage fraud" in certain jurisdictions.

Borrower Signature _____ Date _____

Borrower Name Printed _____

Borrower Signature _____ Date _____

Borrower Name Printed _____

Servicer: _____

Loan Number: _____

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date

Co-Borrower Signature

Date

Co-Borrower Signature

Date

FHA LOSS MITIGATION FINANCIAL INFORMATION

JBN Loan Number _____ Date _____

Borrower Name _____

Co-Borrower Name _____

Property Address _____

Mailing Address (if different from property address)

Do you collect rent for any part of the property? ☐ Yes ☐ No If so, how much? _____

Have you filed bankruptcy? ☐ Yes ☐ No Do you receive food stamps? ☐ Yes ☐ No

Assets

Address of real estate owned in addition to your home (if any)

How much money do you have in:

Savings \$ _____ Cash & Money Orders \$ _____ Checking Account \$ _____

Savings Bonds \$ _____ Life Insurance (cash value) \$ _____

Monthly Income

Income derived from (select all that apply):

☐ **Job/Employment:**

Pay Cycle: Monthly \$ _____ Bi-Monthly \$ _____

Bi-weekly \$ _____ Weekly \$ _____

☐ **Unemployment:** Pay Cycle: Monthly \$ _____ Weekly \$ _____

☐ **Social Security:** Pay Cycle: Monthly \$ _____

☐ **Disability:** Pay Cycle: Monthly \$ _____

☐ **Pension or Retirement:** Pay Cycle: Monthly \$ _____

☐ **Self Employed:** Pay Cycle: Please provide Year to Date Profit and Loss statement

Income Documentation Required

Job: Last 3 consecutive pay stubs for borrower and co-borrower

Unemployment: Unemployment benefits award letter showing amount of weekly benefit or last 3 bank statements showing unemployment direct deposit (if applicable)

Social Security, Disability, Pension or Retirement: Award letter showing amount of benefit or last 3 bank statements showing income source's direct deposit (if applicable)

Self Employed or Contract Employee: Professionally prepared Year to Date Profit and Loss statement (if applicable)

Tax Returns: Last 2 year's tax returns.

Monthly Expenses

Second Mortgage or Rent	
Electricity, Gas, or Heating Oil	
Water & Sewer	
Food	
Clothing	
Home Maintenance or Repairs	
Internet	
Cable or Satellite TV	
HOA Dues	
Alarm Services	
Day Care	
Auto Insurance	
Life Insurance	
Transportation (gasoline, maintenance)	
Telephone (including cell phone)	
Alimony/child support	
Education (tuition, loans, school lunches, after school programs)	
Medical co-pays	
Monthly Prescriptions	

Final checklist

☐ Proof of income: Last 3 consecutive pay stubs & last 2 year's tax returns. Year to Date Profit and Loss statement if Self-Employed. Copies of award/benefit letters for all applicable income sources such as disability, pension, or Social Security, Food Stamps or other food assistance programs.

☐ Divorce decree or child support order (if applicable)

☐ Signed lease or rental agreement (if applicable)

☐ Last 3 consecutive months of bank statements for all open accounts.

☐ Page 3 of this document is dated and signed by all parties (please be sure to return all 3 pages)

Public Reporting and Privacy Act Disclosures

Public reporting burden for this collection of information is estimated to average 0.5 hours 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. Send comments regarding this burden estimate for any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2505-0159), Office of Technology, U.S. Department of Housing and Urban Development, Washington D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, collection information unless that collection displays a valid OMP control number.

DO NOT SEND THIS FORM TO THE ABOVE ADDRESS.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect the information requested on this form by Public Law 479, 48 statute 1246, 12 U.S.C., 1701 et seq. and by the Housing and Community Development Act of 1987, 42 U.S. C. 3543 which authorizes the collection of the Social Security Number (SSN). HUD uses this information to help in determining the type of relief, if any, that can be provided to assist you in avoiding foreclosure of your mortgage.

This information will be used to determine whether HUD will accept assignment of your mortgage in which case HUD will accept assignment of your mortgage in which case HUD would become your lender. If HUD is already your lender, this information will help HUD determine whether additional relief is warranted. In addition, HUD uses your SSN to request a credit report on you which will help HUD verify your financial situation. The financial information will assist HUD in determining how much you can pay on your mortgage. The information you provide will be disclosed to the credit reporting agency. In addition, HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released and failure to provide it could affect your participation in HUD programs.

IMPORTANT: No lender, including HUD, may discriminate against you in giving credit because of your race, sex, age, or marital status. Complaints about discrimination by lenders for these reasons should be sent to the Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580.

Borrower

Date

Co-Borrower

Date

Keep a copy of this document for your records.

Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): _____ Date of Birth: _____
Co-Borrower Name (first, middle, last): _____ Date of Birth: _____
Property Street Address: _____
Property City, ST, Zip: _____
Servicer: _____
Loan Number: _____

In order to qualify for _____'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer	Interviewer's Name (print or type)	Name/Address of Interviewer's Employer
<input type="checkbox"/> Face-to-face interview	Interviewer's Signature Date	
<input type="checkbox"/> Mail		
<input type="checkbox"/> Telephone	Interviewer's Phone Number (include area code)	
<input type="checkbox"/> Internet		

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

[illegible]



BEHIND ON YOUR MORTGAGE PAYMENTS?

Help is available.

FREE assistance from HUD-approved housing counseling agencies is available to you.

Housing Counselors at non-profit or government agencies approved by the U.S. Department of Housing and Urban Development (HUD) are trained to help homeowners who are having problems making their mortgage payments. Counselors can help you find the best option for your situation.

HUD-approved Housing Counselors will:

- Work with you in person or over the phone.
- Help you understand your housing options.
- Help communicate with your lender.
- Recommend financial tools to help you solve current problems and avoid future ones.
- Connect you with local resources that may provide you with additional assistance.

This Help is Free.

HUD approved housing counseling agencies cannot charge to help you explore your options if you are having trouble paying your mortgage loan.

- Watch out for companies that charge a fee for these services. It may be a scam.
- Check www.hud.gov/findacounselor to confirm the counseling agency is HUD-approved.

HOW TO FIND A HOUSING COUNSELOR TODAY:

- **Online.** Search for a housing counseling agency near you at: www.hud.gov/findacounselor or <http://www.consumerfinance.gov/find-a-housing-counselor/>
- **By Phone.** Call HUD's Housing Counseling Locator Service at **(800) 569-4287**.
 - Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at **(800) 877-8339**.
 - Comprehensive foreclosure assistance is available around the clock at **(888) 995-HOPE (4673)**.