



**FINANCIAL ANALYSIS FOR  
LOSS MITIGATION WORKOUT**

**Loan #:** \_\_\_\_\_

**Borrower:** \_\_\_\_\_ **Res. Tel. #:** \_\_\_\_\_ **Work Tel. #:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Co-Borrower:** \_\_\_\_\_ **Res. Tel. #:** \_\_\_\_\_ **Work Tel. #:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Current Address (if different from property address – do not use post office box):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Total number of dependents: \_\_\_\_\_  
 Have you contacted any HUD-approved credit or housing counselors? \_\_\_\_\_  
 Is your home listed for sale? \_\_\_\_\_  
 If yes, who is your agent? \_\_\_\_\_

Borrower Employment History		Co-Borrower Employment History	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long? _____	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long? _____
Present Employer: _____	Address: _____	Present Employer: _____	Address: _____
Phone No. _____	Contact Supervisor: _____	Phone No. _____	Contact Supervisor: _____
Position/Title: _____	If self-employed, name of co.: _____	Position/Title: _____	If self-employed, name of co.: _____

Description	Monthly Income		Total
	Borrower	Co-Borrower	
Social Security Income			
Gross Salary/Wages	\$	\$	\$ 0.00
Unemployment Income (Benefit end date: _____)	\$	\$	\$ 0.00
Child Support/Alimony	\$	\$	\$ 0.00
Disability Income	\$	\$	\$ 0.00
Rental Income	\$	\$	\$ 0.00
Interest/Dividend Income	\$	\$	\$ 0.00

**ASSETS/LIABILITIES** – If you own real estate in addition to your personal residence, or if your personal residence is subject to one or more junior mortgages, attach a complete list of property addresses (if different from personal residence), name(s) of lender, lender's address and phone number, account numbers, monthly payment, amount owed, and estimated value & rental income.

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA/401k/Keogh Accounts	\$	\$	\$
Stocks/Bonds/CD's	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
<b>Totals</b>	\$ 0.00	\$ 0.00	\$ 0.00

**EXPENSES**

Liabilities			Expenses	
	Creditor Name	Payment	Balance	Monthly Payment
Other		\$	\$	
Mortgages/Liens/Rents				Auto Gasoline \$
Other		\$	\$	Auto Insurance (monthly amount) \$
Mortgages/Liens/Rents				Utilities/Water \$
Other		\$	\$	Utilities/Sewer \$
Mortgages/Liens/Rents				Utilities/Phone \$
Property Taxes		\$	\$	Utilities/Gas/Oil \$
Homeowner's Insurance		\$	\$	Utilities/Electric \$
Flood Insurance (if applicable)		\$	\$	Food \$
Homeowner's Association Dues		\$	\$	State and/or Federal Tax Liens \$
Alimony/Child Support		\$	\$	Other (describe): \$
Child Care		\$	\$	
Health Insurance (if not deducted from wages)		\$	\$	Other (describe): \$
Life Insurance Premiums (if separate policy)		\$	\$	
Uninsured Medical/Dental Expenses		\$	\$	
Credit Card/Installment Loans		\$	\$	
Credit Card/Installment Loans		\$	\$	
Credit Card/Installment Loans		\$	\$	
Credit Card/Installment Loans		\$	\$	
Student Loans		\$	\$	
Auto Loan(s)		\$	\$	
Auto Lease		\$	\$	

**Property Condition**

I certify the condition of the property is as noted below (circle one):

1-Excellent      2-Good      3-Fair      4-Poor      5-Condemned      6-Inaccessible

Have you ever received a Condemnation Notice?     Yes     No

Real Estate Taxes	Hazard Insurance
<p>Do you receive and pay the Real Estate Tax bill on your home or does your lender pay it for you?</p> <p><input type="checkbox"/> I do      <input type="checkbox"/> Lender does</p> <p>Are the taxes current?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you pay it, provide a copy of your tax statement.</p>	<p>Do you pay for a hazard insurance policy?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is the policy current?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you pay it, provide a copy of the policy.</p>

I have described my present financial condition on this financial analysis form and have attached required documentation. Under my present circumstances, I cannot bring my mortgage loan current or I soon may become delinquent due to financial hardship. Therefore, I hereby request assistance from American Home Mortgage Servicing, Inc. ("Servicer") under its loss mitigation program.

If Servicer determines that the information and/or documentation I have provided with this financial analysis form is incomplete, or insufficient to render a decision as to my eligibility for loss mitigation, my request for loss mitigation may be denied or delayed until I have provided Servicer with additional information and/or documentation as requested. If I have misrepresented any information and/or documentation, I understand and agree that such misrepresentation will be grounds either for immediate rejection of my request for assistance or immediate termination of any loss mitigation agreed to by Servicer. Furthermore, I shall be liable for any losses or damages suffered by Servicer as a result of such misrepresentation.

In the event a third party is designated to act on my behalf, I have included written authorization to the designee to act on my behalf. In the event I am able to bring the loan current or am able to sell the property for an amount sufficient to pay off my mortgage loan in full during the evaluation process, I understand that my request for participation in Servicer's loss mitigation program will be withdrawn without further action.

**By signing below, I declare that the information provided above is true and correct to the best of my knowledge and fully understand that knowingly making a false statement concerning such information may constitute a crime punishable by fine, imprisonment, or both.**

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

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

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

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

**REMINDER**

Before mailing, make sure that all borrowers on the mortgage note have signed and dated this form. Also, include documentation as noted below.

1. Signed Hardship Explanation Letter.
2. Source(s) of monthly income and proof of the amount:
  - **Wage Earners** – All pay stubs covering the most recent full month.
  - **Self-Employment** – Borrower signed a) Profit & loss statement covering the most recently past 6 months, or b) Federal tax returns for the past year.
  - **Social Security Retirement Disability** – Most recent benefit letter dated/issued within the last 12 months.
  - **Unemployment Benefits** – Benefit statement/letter confirming benefit amount.
  - **Boarder or Family Contributions** – Signed letter from the paying party.
  - **Family, Alimony, Child Support** – Signed letter from the paying party or copy of the court order.
  - **Rents** – Rental Agreement(s).

American Home Mortgage Servicing, Inc., is a debt collector. However, in the event the recipient has been discharged pursuant to or is under the protection of federal bankruptcy law, this correspondence is being provided solely for informational purposes and does not constitute and should not be construed as an attempt to collect a debt.

**AFFIDAVIT OF FINANCIAL HARDSHIP**

Borrower Name(s): \_\_\_\_\_

Loan Number: \_\_\_\_\_

Reason for My Delinquency and for My Inability to Satisfy Mortgage Obligation:

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I have described my reason or reasons for default above and, under my current financial circumstances, I do not have sufficient liquid assets to bring my mortgage loan current or make my monthly mortgage payments. Therefore, I hereby request assistance from American Home Mortgage Servicing, Inc. ("Servicer") under its loss mitigation program.

If Servicer determines that the financial hardship information I have provided above is insufficient to render a decision as to my eligibility for loss mitigation, my request for loss mitigation may be denied or delayed until I have provided Servicer with additional financial hardship information as requested. If I have misrepresented any information, I understand and agree that such misrepresentation will be grounds either for immediate rejection of my request for assistance or immediate termination of any loss mitigation agreed to by Servicer. Furthermore, I shall be liable for any losses or damages suffered by Servicer as a result of such misrepresentation.

**By signing below, I declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge.**

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

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

**All borrowers on the mortgage note must sign this affidavit or it will be rejected by Servicer. This is an attempt to collect a debt and any information obtained will be used for that purpose.**