

Instructions Page

Purpose

Servicers of MPF® Traditional loans must use this form or equivalent form containing at minimum the same information contained in this form as the application required to be submitted by Borrowers requesting a workout, in accordance with MPF Traditional Servicing Guide Chapter 9.

Preparation

- **When:** Borrowers must submit this form (or equivalent form containing at minimum the same information contained in this form) and all the items listed in this form to Servicer wherever the MPF Traditional Servicing Guide requires the submission of a complete WRP.
- **Who:** Unless a Borrower or co-Borrower is deceased or divorced, all parties whose income was used to qualify for the original mortgage loan and who signed the mortgage loan Note must complete the form.
- **How:** Servicers may determine how Borrower completes and submits the form to Servicer.
- **Attachments:** To be considered a complete WRP, the form and all items listed in the form must be submitted by Borrower to Servicer.

Submission

The Servicer should retain a copy of the Workout Request Application and any supporting documentation for their own records and should be prepared to submit to MPF Provider or MPF Bank upon request.

Additional Guidance

Please email the MPF Provider at MPFdefaultservicing@fhlbc.com for any questions or assistance needed in completing or submitting the form.

Helpful Hints

- Please ensure the Borrower provides all required supporting documentation as indicated in the sections of the form (See for example sections "Hardship Information," "Borrower Income," and "Current Borrower Assets")
- The Servicer must use their own letterhead or blank letterhead for the Workout Request Application.

Workout Request Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. 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 provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact [servicer name] at [phone #].

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.

Loan number: _____

Borrower Information

1. Borrower's name: _____

Social Security Number (last 4 digits): _____ E-mail address: _____

Primary Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

2. Borrower's name: _____

Social Security Number (last 4 digits): _____ E-mail address: _____

Primary Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Preferred contact method (choose all that apply): ☐ Cell phone ☐ Home phone ☐ Work phone
☐ Email ☐ Text - checking this box indicates your consent for text messaging

Please add information for each additional Borrower on a separate sheet of paper and attach to final application.

Are any of the borrowers on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? ☐ Yes ☐ No

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Property Information

Property Address: _____

Mailing address (if different from property address):

- The property is currently: ☐ A primary residence owner occupied ☐ A second home
☐ A primary residence no longer owner occupied
- 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? ☐ Yes ☐ No

If yes, provide the listing agent's name and phone number - or indicate "for sale by owner" if applicable:

Is the property subject to condominium or homeowners' association (HOA) fees? ☐ Yes ☐ No

If yes, indicate monthly dues: \$_____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- ☐ Short-term (not expected to last more than 6 months)
- ☐ Long-term or permanent (expected to last more than 6 months)
- ☐ Resolved as of (date) _____

Borrower 1	Borrower 2	Type of Hardship (Check ALL that apply)	Required Hardship Documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unemployment	Not required
<input type="checkbox"/>	<input type="checkbox"/>	<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, a reduction in base pay)	Not required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)	Not required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	Not required

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Divorce or legal separation	Final divorce decree or final separation agreement OR Recorded quitclaim deed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	Death certificate OR Obituary or newspaper article reporting the death
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____	Written explanation describing the details of the hardship and any relevant documentation

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Borrower Income

Please enter all borrower income amounts in middle column.

Monthly Total Borrower Income Type & Amount		Required Income Documentation
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR Two most recent bank statements showing income deposit amounts
Self-employment income	\$	Two most recent bank statements showing self-employed income deposit amounts OR Most recent signed and dated quarterly or year-to-date profit/loss statement OR Most recent complete and signed business tax return OR Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks
Investment or insurance income	\$	Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Income documentation must be no more than 90 days old as of the date of submission.

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A complete and fully executed 4506-C (or IRS IVES FORM 4506-C) for each borrower must be submitted with the application.

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.

Asset Type & Amount		Required Income Documentation
Checking account(s) and cash on hand	\$	Fully executed [Request for verification of deposit] for each borrower OR Copies of bank statements showing: clearly identifying the financial institution, clearly identifying the borrower as the account holder, includes at least the last four digits of the account number, includes the time period covered by the statement, includes all deposits and withdrawal transactions (for depository accounts), and includes the ending account balance.

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Savings, money market funds, and Certificates of Deposit (CDs)	\$	Fully executed [Request for verification of deposit] for each borrower OR Copies of bank statements showing: clearly identifying the financial institution, clearly identifying the borrower as the account holder, includes at least the last four digits of the account number, includes the time period covered by the statement, includes all deposits and withdrawal transactions (for depository accounts), and includes the ending account balance.
Stocks and bonds (non-retirement accounts)	\$	Stocks and mutual funds: the most recent monthly or quarterly statement from the depository or investment firm; or a copy of the stock certificate, accompanied by a newspaper stock list that is dated as of or near the date of the loan application for vested stock options: a statement that lists the number of options and the option price, and using the current stock price to determine the gain that would be realized from exercise of an option and the sale of the optioned stock. Note: Non-vested stock options are not acceptable. Government bonds: a statement that lists the purchase price
Other:	\$	

Other Information

Please provide the following information for all Borrowers:

	Active Bankruptcy	Discharged Bankruptcy
Borrower 1	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Date filed: _____	<input type="checkbox"/> Mortgage was reaffirmed <input type="checkbox"/> Mortgage loan was not reaffirmed <input type="checkbox"/> Unsure if mortgage loan was reaffirmed Date of discharge: _____
Borrower 2	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Date filed: _____	<input type="checkbox"/> Mortgage was reaffirmed <input type="checkbox"/> Mortgage loan was not reaffirmed <input type="checkbox"/> Unsure if mortgage loan was reaffirmed Date of discharge: _____

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Borrower Certification

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my 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.
4. I consent to the servicer or authorized third party* obtaining a current credit report for me.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. 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.
6. I agree that the terms of this borrower certification and agreement will apply to any plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application 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.*

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. 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.

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