

**Regions Bank**  
Loss Mitigation Department  
P.O. Box 10063  
Birmingham, AL 35202



**Important information regarding your loan request**

We are currently reviewing your request for a Short Sale. For us to proceed with our review, we will need all of the following documents:

- Verification of all sources of income: Current year-to-date pay stubs and a signed tax return for the most recent year.
- Hardship Letter outlining your circumstances (explain why you wish to pursue a short sale and the reason for default).
- Completed signed financial statement (enclosed).
- Copies of last two checking and savings account statements.
- Signed authorization to release (if we are to discuss this matter with someone other than the customer) and to obtain (if we need additional information from third parties).
- Copy of contract to purchase the property securing your loan to us, which contract must be signed by you, by the party who is going to purchase the property, and by anyone else whose signature is necessary to convey the property to the purchaser. This contract may be contingent upon our approval of your proposed short sale.
- Copy of Preliminary HUD-1.
- Pre-Approval letter from Buyer.
- Original signed deficiency letter (form enclosed).
- Other: \_\_\_\_\_

You can mail these documents to us at the address listed above or fax them to us at (205) 560-5421. A fax cover sheet has been provided for your convenience.

Until we receive this information, we will not make a decision regarding your request. Accordingly, please be aware that we are continuing our efforts to collect the amounts owed on your loan, and you may continue to receive collection letters or notices. Therefore, we urge you to return all the documents listed above as soon as possible. Thank you for your prompt attention to this important matter.

Loss Mitigation Department  
1-866-298-1133

**NOTE: Please ignore this communication if you have recently filed for bankruptcy or if you have an active bankruptcy case. This letter is not intended to violate the automatic stay in any bankruptcy proceeding.**





### **Short Sale Fact Sheet**

We will begin verifying the information received and complete our own analysis of the account based on asking price, value and estimated time on the market versus the time and expense to foreclose. Our process will remain open until such time as a contract is offered; the account is foreclosed or removed from the process at the customer's request.

We may order an interior/exterior value of the property at this time or wait until a contract is received.

#### **Contract Submission**

1. The items requested on cover letter must be submitted unless previously submitted.
2. Fax the contract, along with an estimated HUD-1 Settlement Sheet to (205) 560-5421.

A closing **should not** be scheduled until we have given our approval or denial on the contract. If a foreclosure sale is pending on the account, we will require an approval letter from the buyer before the foreclosure sale will be postponed. A decision on the short sale may take several days and depends entirely on the receipt of the required information. It is imperative that all information be submitted as soon as possible so that the decision process is not delayed. A decision can not be made until an interior/exterior value is obtained on the property, if one has not previously received.

#### **Approval Process**

1. Based on the net return we may turn down the offer, counter offer, revise the terms of the transaction, require the borrower to bring funds to the closing, or approve the deal as presented.
2. The deficiency amount will be addressed in the approval letter. The approval of a short sale does not mean the borrower will not be responsible for the deficiency or be required to contribute funds at closing.
3. An approval letter will be sent to the customer and the realtor. The customer must provide written acknowledgement of the terms of the short sale prior to the scheduling of a closing.

#### **Closing**

1. Once the closing takes place the funds should be disbursed to Regions within 72 hours.

While we want to complete this process as quickly as possible, there are usually delays as values are ordered and titles are checked. You may have to wait for approval due to volume of accounts being reviewed. Do not wait until a closing is scheduled to seek approval of a short sale.





**Short Sale Deficiency Letter**

Customer Name:

Loan Number:

Property Address:

I understand that the acceptance of a Short Sale regarding the above referenced property does not release me from my obligation under the "Note" to repay any remaining balance on my loan.

I understand that my request for a short sale will not be processed until the Bank receives this document with my original signature(s).

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Date





## BORROWER FINANCIAL INFORMATION

REGIONS MORTGAGE LOAN NUMBER \_\_\_\_\_

REGIONS EQUITY LOAN NUMBER \_\_\_\_\_

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	
Number of Dependents:	Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input type="checkbox"/> Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a lease agreement, please provide a copy.	
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/> Agent's Name:	If yes, please provide a copy of the listing agreement. Agent's Phone Number: Agent's Email:		
Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/> Counselor's Name:	Counselor's Phone Number: Counselor's Email:		
Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do <input type="checkbox"/> Lender does <input type="checkbox"/> If you pay it, please provide a copy of your tax statement. Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/> So you pay for a hazard insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the policy current? Yes <input type="checkbox"/> No <input type="checkbox"/> If you pay it, please provide a copy of this policy.			
Have you filed for bankruptcy? If yes, Yes <input type="checkbox"/> No <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/>		Filing Date:	
Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge order signed by the court.			

### INVOLUNTARY INABILITY TO PAY

I (We), \_\_\_\_\_, am/are requesting that  
Regions review my/our financial situation to determine if I/we qualify for a workout option.

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Abandonment of Property     | <input type="checkbox"/> Excessive Obligations       | <input type="checkbox"/> Military Service          | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Business Failure            | <input type="checkbox"/> Fraud                       | <input type="checkbox"/> Payment Adjustment        |                                    |
| <input type="checkbox"/> Casualty Loss               | <input type="checkbox"/> Illness in Family           | <input type="checkbox"/> Payment Dispute           |                                    |
| <input type="checkbox"/> Curtailment of Income       | <input type="checkbox"/> Illness of Mortgagor        | <input type="checkbox"/> Property Problems         |                                    |
| <input type="checkbox"/> Death in Family             | <input type="checkbox"/> Inability to Rent Property  | <input type="checkbox"/> Title Problems            |                                    |
| <input type="checkbox"/> Death of Mortgagor          | <input type="checkbox"/> Incarceration               | <input type="checkbox"/> Transferring Property     |                                    |
| <input type="checkbox"/> Distant Employment Transfer | <input type="checkbox"/> Marital Difficulties        | <input type="checkbox"/> Unemployment              |                                    |
| I believe that my situation is:                      | <input type="checkbox"/> Short term (under 6 months) | <input type="checkbox"/> Long Term (over 6 months) | <input type="checkbox"/> Permanent |
| I want to:   | <input type="checkbox"/> Keep the Property           | <input type="checkbox"/> Sell the Property         |                                    |

**Please provide a detailed explanation of the hardship on a separate sheet of paper.**

If there are additional Liens/Mortgages or Judgments on this property, please name the person (s), company or firm and their respective telephone numbers.

_____ Lien Holder's Name	\$ _____ Balance / Interest Rate	_____ Phone Number (with area code)
_____ Lien Holder's Name	\$ _____ Balance / Interest Rate	_____ Phone Number (with area code)

**Before mailing, make sure you have signed and dated the form and attached appropriate documentation.**





## BORROWER FINANCIAL INFORMATION

REGIONS MORTGAGE LOAN NUMBER \_\_\_\_\_

REGIONS EQUITY LOAN NUMBER \_\_\_\_\_

### EMPLOYMENT

BORROWER EMPLOYER'S ADDRESS & PHONE #		HOW LONG?	CO- BORROWER EMPLOYER'S ADDRESS & PHONE #		HOW LONG?
<b>Monthly Income – Borrower</b>			<b>Monthly Income – Co-Borrower</b>		
Wages / Frequency of Pay	\$		Wages / Frequency of Pay	\$	
Unemployment Income	\$		Unemployment Income	\$	
Child Support / Alimony *	\$		Child Support / Alimony *	\$	
Disability Income / SSI	\$		Disability Income / SSI	\$	
Rents Received	\$		Rents Received	\$	
Other	\$		Other	\$	
Less: Federal and State Tax, FICA	\$		Less: Federal and State Tax, FICA	\$	
Less: Other Deductions (401K, etc.)	\$		Less: Other Deductions (401K, etc.)	\$	
Commissions, bonus and self-employed income	\$		Commissions, bonus and self-employed income	\$	
<b>*** ALL INCOME NEEDS TO BE DOCUMENTED *****</b> <b>Paystub must be most recent date with year to date information.</b>					
<b>Total</b>		\$	<b>Total</b>		\$
<b>Monthly Expenses</b>			<b>Assets</b>		
Other Mortgages / Liens	\$		<b>Type</b>		<b>Estimated Value</b>
Auto Loan(s)	\$		Checking Account(s)		\$
Auto Expenses / Insurance	\$		Saving / Money Market		\$
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$		Stocks / Bonds / CDs		\$
Health Insurance (not withheld from pay)	\$		IRA / Keogh Accounts		\$
Medical (Co-pays and Rx)	\$		401K / Espo Accounts		\$
Child Care / Support / Alimony	\$		Home		\$
Food / Spending Money	\$		Other Real Estate	#	\$
Water / Sewer / Utilities / Phone	\$		Cars	#	\$
HOA / Condo Fees / Property Maintenance	\$		Life Insurance (Whole Life not Term)		\$
Life Insurance Payments (not withheld from pay)	\$		Other		\$
<b>Total</b>		\$	<b>Total</b>		\$

\*Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-borrower does not choose to have it considered for repaying this loan.

I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

By \_\_\_\_\_  
Signature of Borrower

By \_\_\_\_\_  
Signature of Co-Borrower

**Before mailing, make sure you have signed and dated the form and attached appropriate documentation.**



### **Authorization to Release Information**

Dear Customer(s):

Thank you for your recent request concerning authorization on your mortgage loan. In order to comply with the privacy act we will need you to fill out and sign the bottom of this form to allow Regions to provide information to a party not affiliated with the loan. Once filled out, signed and returned to Regions, we will notate our system of your authorization for this person. If you do not fill in the expiration date for the authorization, then we will assume it is for the life of the loan or until we receive a written request from you revoking the authorization.

If you have any questions, or if we can be of further assistance to you, please contact the Collection Department at (800) 290-5358 to make a payment and/or obtain information concerning your loan.

Sincerely,  
Regions Loss Mitigation Department

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

Name(s) on Loan \_\_\_\_\_

\_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I(We), \_\_\_\_\_, authorize Regions to release all information concerning the above referenced loan to \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ (if no expiration date is filled in, the authorization will be assumed for the life of the loan or until written request is received to revoke the authorization)





**Authorization to Release Information**

**INSTRUCTIONS TO PROVIDER OF REQUESTED INFORMATION:** Please provide the information requested below to Regions as soon as possible.

***To Whom It May Concern:***

1. I hereby consent to the release of and authorize you to provide to Regions any and all information and documentation that it requests. Such information includes, but is not limited to, employment, credit history, and payoff information.
2. Regions may address this authorization to any party.
3. **A copy of this authorization may be accepted as an original.**
4. Your prompt reply to Regions is appreciated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Facsimile transmittal

To: **Loss Mitigation Department**

Fax: **(205) 560-5421**

From:

Date:

Re  
Acct#:

Pages:

Cc:

☐ Urgent

☐ For review

☐ Please comment

☐ Please reply

☐ Please recycle

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Notes:

confidential