



EverHome Mortgage Company
Financial Package

Please fill out the following documents so that we may help you in seeking assistance with the repayment of your mortgage. This package includes:

- Financial Statement
- Home Affordable Modification Program Hardship Affidavit

Please be sure to also include the last 2 pay stubs for each borrower listed on your Mortgage / Deed of Trust and return it to EverHome Mortgage Company Homeowners Solutions Group, P.O. Box 45123, Jacksonville, FL 32232 or fax your information to 904.623.6516.

For questions call 800.669.7724.

Thank you,
EverHome Mortgage Company
Homeowners Solutions Group

1. Loan Information

Servicer's Loan Number

Property Address

Are there other liens on the property? ☐ Yes ☐ No

If there are liens, who holds them? (list institutions)

Circumstances that led to your payment troubles

City State Zip

Is your home listed for sale? ☐ Yes ☐ No

Agent's Name Agent's Number

2. Borrower Information

Name

Mailing Address (if different from property address)

Total number of persons living with Borrower

Home phone --

Employer

SSN --

City State Zip

Number of dependents living with Borrower

Work phone --

Occupation

3. Co-Borrower Information

Name

Mailing Address (if different from property address)

Total number of persons living with Co-Borrower

Home phone --

Employer

SSN --

City State Zip

Number of dependents living with Co-Borrower

Work phone --

Occupation

4. Borrower Monthly Income

Gross Wages:	\$
Unemployment Income:	\$
Child Support / Alimony:	\$
Disability Income:	\$
Rental Income (Include rental agreement):	\$
Other (Describe):	\$
Less: Federal & State Tax, FICA:	-\$
Less: Other Deductions (401K, etc.):	-\$
TOTAL	\$

5. Co-Borrower Monthly Income

Gross Wages:	\$
Unemployment Income:	\$
Child Support / Alimony:	\$
Disability Income:	\$
Rental Income (Include rental agreement):	\$
Other (Describe):	\$
Less: Federal & State Tax, FICA:	-\$
Less: Other Deductions (401K, etc.):	-\$
TOTAL	\$

6. Monthly Expenses—All Borrowers

Mortgage Payment:	\$
Other Mortgages / Liens / Rents:	\$
Auto Loan(s):	\$
Auto Maintenance / Gas / Insurance:	\$
Credit Cards and Installment Loans:	\$
Health Insurance (Non-payroll deducted):	\$
Medical (Non-payroll deducted):	\$
Food:	\$
Child Care / Child Support / Alimony:	\$
Life Insurance:	\$
Water / Sewer / Utilities / Phone:	\$
Spending Money:	\$
Other (Describe):	\$
TOTAL	\$

7. Assets and Liabilities—All Borrowers

Checking Account(s):	\$
Savings / Money Market:	\$
Stocks / Bonds / CD(s):	\$
IRA / Keogh Account(s):	\$
401K / ESOP Account(s):	\$
Home:	\$
Other Real Estate:	\$
Cars With No Liens:	\$
Other (Describe):	\$
TOTAL	\$

8. Signature

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report and to contact my real estate agent and/or credit counseling representative (if applicable). By signing below, I (we) advise you that if I (we) should hereafter agree to a repayment plan for my (our) mortgage loan, reinstate my (our) mortgage loan, or pay off my (our) loan in full then, by doing so and without the necessity of any further action on my (our) part, I (we) hereby expressly withdraw this request for a loan workout. In that event, I (we) hereby direct you to take no further action to process this request for a workout.

Borrower's Signature

Date

Co-Borrower's Signature

Date

Please sign and date this form after you've completed it and fax to us at 904.281.2337. Be sure to include copies of your two most recent pay stubs, and bank statements of your checking and/or savings account. If you are self-employed, attach a copy of the past six month's profit and loss statement.



Home Affordable Modification Program Hardship Affidavit

Borrower Name: _____ Date of Birth: _____
Co-Borrower Name: _____ 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."
<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."
<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."
<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."
<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."
<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"/> Ethnicity: Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Ethnicity: 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 Inter-viewer		Interviewer's Name (print or type)	
<input type="checkbox"/> This application was taken by:		Name/Address of Interviewer's Employer	
<input type="checkbox"/> Face-to-face interview			
<input type="checkbox"/> Mail			
<input type="checkbox"/> Telephone			
<input type="checkbox"/> Internet		Interviewer's Signature Date	
		Interviewer's Phone Number (include area code)	

Borrower/Co-Borrower Acknowledgement and Agreement

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.

8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we accept and agree to all terms of the Home Affordable Modification Trial Period ("Trial Period") Plan which is incorporated herein by reference as if set forth in full.
10. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
11. I/we agree that any prior waiver as to payment of escrow items in connection with my loan has been revoked.
12. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
13. I/we understand that Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of the Trial Period Plan and Modification Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

Borrower Signature	Date	Co-Borrower Signature	Date
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # _____		Home Phone # _____	
Work Phone # _____		Work Phone # _____	
Social Security # _____		Social Security # _____	

Explanation:

Explanation (Continued):