



LAST NAME: _____

LOAN NUMBER: _____

HARDSHIP AFFIDAVIT

In order to qualify for Ocwen's offer to enter into an agreement to resolve my loan under the Federal Government's Home Affordable Modification Program (the "Agreement") or other possible resolutions, I (we) am (are) submitting this form to the Servicer and putting an "X" to define the one or more events that contribute to my (our) difficulty making payments on my (our) mortgage loan.

Enter "X" in the respective box for each borrower (BWR) where any of the following events apply:

Income has been reduced or lost

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unemployment</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to under employment or reduced job hours</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to reduced pay</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to decline in self-employed business earnings</i> |

Household financial circumstances have changed

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to death in family</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to serious or chronic illness</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to permanent or short-term disability</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased family responsibilities – adoption or birth of a child, taking care of elderly relatives or other family members</i> |

Expenses have increased

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increase in monthly mortgage payment or scheduled to increase</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to high medical and health care costs</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to uninsured losses (fire, natural disaster, etc.)</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to unexpectedly high utility bills</i> |
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to increased real property taxes</i> |

Insufficient cash reserves to cover mortgage payment and basic living expenses at the same time

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts) not being equal to three (3) times my monthly debt payments</i> |

Debt payments are excessive and overextended with creditors

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| BWR | CO-BWR | CO-BWR | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Due to my use of credit cards, home equity loans or other credit to make my monthly mortgage payments</i> |



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HARDSHIP AFFIDAVIT – Page 2

Other reasons – Provide details below under “Explanation”

- | | | | |
|------------------------------|---------------------------------|---------------------------------|--------------------------------|
| BWR <input type="checkbox"/> | CO-BWR <input type="checkbox"/> | CO-BWR <input type="checkbox"/> | <i>Due to military service</i> |
| BWR <input type="checkbox"/> | CO-BWR <input type="checkbox"/> | CO-BWR <input type="checkbox"/> | <i>Due to incarceration</i> |
| BWR <input type="checkbox"/> | CO-BWR <input type="checkbox"/> | CO-BWR <input type="checkbox"/> | <i>Other</i> |

EXPLANATION – PLEASE SUPPLY FURTHER DETAILS OF HARDSHIP

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)
<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) _____	
Name/Address of Interviewer’s Employer _____	



LAST NAME: _____ LOAN NUMBER: _____

HARDSHIP AFFIDAVIT – Page 3

By signing this document, I represent and warrant the following (check option that applies):

- I occupy the property listed above as my primary residence.
- I do not occupy the property listed above as my primary residence.

Borrower / Co-borrower(s) Acknowledgment:

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 that the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and 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 authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or retained by Servicer in connection with the Home Affordable Modification Program.

Please provide contact information where your workout agreement should be sent, if approved.

E-mail Address _____ Fax Number _____

Please provide contact information where we may contact you to discuss your submission.

Home Phone # _____ Cell Phone # _____ Work Phone # _____

 Borrower Signature

Date

 Borrower Signature

Date

 Borrower Signature

Date