

Loan number: .....

## Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required **documentation, to Wyoming Community Development Authority via mail: 155 N Beech, Casper WY 82601, fax: 307.265.0306, or email address Collections@wyomingcda.com.** 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 Wyoming Community Development Authority at 307.265.5102.

If you are experiencing a financial hardship you may be eligible for mortgage assistance from your state's housing finance agency or other state or local government agency.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, or information on state or local government mortgage assistance programs that may be available; 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](http://www.hud.gov/counseling)

The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgage\\_help](http://www.consumerfinance.gov/mortgage_help)

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.

For additional information on how to avoid foreclosure, including help for military servicemembers, you may also visit Fannie Mae's [www.KnowYourOptions.com](http://www.KnowYourOptions.com). Fannie Mae is the owner of your mortgage loan.

### Borrower Information

#### 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

#### Co-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

Is either borrower 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

### Property Information

Property Address : - - - - -

Mailing address (if different from property address): \_\_\_\_\_

• The property is currently:  A primary residence  A second home  An investment property

• 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: \$ \_\_\_\_\_

How many people are living in you household? \_\_\_\_\_

## Hardship Information

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

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<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)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<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)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> <li>▪ Written statement from the borrower, or other documentation verifying disability or illness</li> <li><b>Note:</b> Detailed medical information is not required, and information from a medical provider is not required</li> </ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> <li>▪ Final divorce decree or final separation agreement <b>OR</b></li> <li>▪ Recorded quitclaim deed</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Recorded quitclaim deed <b>OR</b></li> <li>▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> <li>▪ Death certificate <b>OR</b></li> <li>▪ Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND</li> <li>▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>
<input type="checkbox"/> Other - hardship that is not covered above: _____ _____ _____ _____	<ul style="list-style-type: none"> <li>▪ Written explanation describing the details of the hardship and any relevant documentation</li> </ul>

## 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	\$	<ul style="list-style-type: none"> <li>▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>▪ Two most recent bank statements showing income deposit amounts</li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>▪ Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</b></li> <li>▪ Most recent complete and signed business tax return <b>OR</b></li> <li>▪ Most recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>▪ No documentation required</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>▪ Two most recent deposited rent checks</li> </ul>
Investment or insurance income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent investment statements <b>OR</b></li> <li>▪ Two most recent bank statements supporting receipt of the income</li> </ul>
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)	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing receipt of income <b>OR</b></li> <li>▪ Other documentation showing the amount and frequency of the income</li> </ul>

## 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.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

## Borrower Certification and Agreement

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 the borrower and co-borrower.
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 Fannie Mae, Freddie Mac, or 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, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. 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, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance 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: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your completed application, **together with the required documentation, to Wyoming Community Development Authority via mail: 155 N Beech, Casper WY 82601, fax: 307.265.0306, or email address [Collections@wyomingcda.com](mailto:Collections@wyomingcda.com)**. 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.**

# of people in the household

Name

## Projected Monthly Budget

HOUSING	Monthly (\$)	DONATIONS	Monthly (\$)
1st Mortgage-principal & interest		Tithes / Offerings	
2nd Mortgage-principal & interest		Charity	
Property Taxes		EDUCATION	
Homeowner's Insurance		Tuition / Lessons	
Mortgage Insurance		Books, paper, supplies	
Homeowner's Association Dues		Newspaper / Magazines	
Other		Other	
Other		GIFTS	
Other		Birthday	
UTILITIES		Holidays	
Electric		Other	
Gas / Propane		PERSONAL	
Water/ Sewer / Trash		Barber / Beauty Shop	
Telephone / Cell		Toiletries	
Cable / Satellite / Internet		Children's Allowance	
TRANSPORTATION		Tobacco	
Car Payment / Balance =		Alcohol	
Car Payment / Balance =		Household	
Fuel		Other	
Auto Insurance		ENTERTAINMENT	
Car Inspections		Movies/Sporting Events/Concerts	
Car Maintenance / Repair		Video Rentals	
License Plates / Registration		Gambling / Lottery Tickets	
Public Transportation		Fitness / Social Clubs	
Parking / Tolls		Vacation / Trips	
Other		Hobbies / Crafts	
FOOD		Other	
Groceries		MISCELLANEOUS	
Eating Out		Home Maintenance / Furnishings	
School Lunch		Bank Account Fees	
Work related (Lunch / Snacks)		Pet Care / Supplies	
Other		Postage	
INSURANCE		Other	
Health (not deducted from pay)		DEBTS	
Life		Student Loan(s) / Balance =	
Disability		Credit Card / Balance =	
Other		Credit Card / Balance =	
MEDICAL		Credit Card / Balance =	
Doctor		Credit Card / Balance =	
Dentist		Medical Bills / Balance =	
Prescriptions		Personal Loan / Balance =	
Chiropractor		Other / Balance =	
Other		Other / Balance =	

Name \_\_\_\_\_

CHILDCARE			OTHER EXPENSES		
Daycare / Sitter					
Child Support / Alimony					
Other					
CLOTHING			ELECTIVE DEDUCTIONS FROM INCOME		
Clothes / Shoes			Savings		
Laundry / Dry Cleaning			IRA Contribution		
INCOME		Gross	Net	401K	
Homeowner #1				Other	
Homeowner #2				Other	
Social Security				Other	
Disability				Other	
Unemployment				Other	
Child Support				Other	
Alimony				Other	
Other				Other	

<b>Estimated Property Value</b>		<b>1st Mortgage Balance</b>	
		<b>2nd Mortgage Balance</b>	

I/We certify that the information provided is true and correct to the best of our knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Date



# Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** **Lender** — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
**Employer** — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
**The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.**

## Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender)
--------------------------------------	--------------------------------------

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
------------------------	----------	---------	-------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
---	---------------------------

## Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
-----------------------------------	----------------------	---

12A. Current <b>Gross Base Pay</b> (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No																								
				Pay Grade			Monthly Amount																							
12B. <b>Gross Earnings</b> <table border="1" style="width:100%"> <thead> <tr> <th>Type</th> <th>Year To Date</th> <th>Past Year</th> <th>Past Year</th> </tr> </thead> <tbody> <tr> <td>Base Pay</td> <td>Thru _____ \$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Overtime</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Commissions</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Bonus</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> </tbody> </table>				Type	Year To Date	Past Year	Past Year	Base Pay	Thru _____ \$	\$	\$	Overtime	\$	\$	\$	Commissions	\$	\$	\$	Bonus	\$	\$	\$	Total	\$ 0.00	\$ 0.00	\$ 0.00	Type	Monthly Amount	15. If paid hourly — average hours per week
				Type	Year To Date	Past Year	Past Year																							
Base Pay	Thru _____ \$	\$	\$																											
Overtime	\$	\$	\$																											
Commissions	\$	\$	\$																											
Bonus	\$	\$	\$																											
Total	\$ 0.00	\$ 0.00	\$ 0.00																											
Base Pay	\$																													
				Rations	\$	16. Date of applicant's next pay increase																								
				Flight or Hazard	\$																									
				Clothing	\$	17. Projected amount of next pay increase																								
				Quarters	\$																									
				Pro Pay	\$	18. Date of applicant's last pay increase																								
				Overseas or Combat	\$																									
				Variable Housing Allowance	\$	19. Amount of last pay increase																								

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Bonus _____
24. Reason for Leaving		25. Position Held	

**Part IV — Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	