



7933 Preston Road  
Plano, Texas 75024

**LOAN MODIFICATION / WORKOUT REQUEST FORM**

**Borrower's Information:**

	Borrower	Co-Borrower
Name		
Self Employed or Salaried?		
Monthly Gross Income (before taxes)		
Rental Income		
Child Support / Alimony <sup>5</sup>		
Disability Benefits		
Social Security Benefits		
Other Income		

**Property Information:**

Is this property a rental? Yes No

Do you currently reside in the property? Yes No

If No:

When did you last occupy the property? \_\_\_\_\_

Are there any subordinate liens recorded against the property? Yes No

If Yes:

Subordinate lender's name \_\_\_\_\_

Loan balance \_\_\_\_\_

Have the names on the title of your property changed since the initial closing of your mortgage Loan? Yes

No

If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>5</sup> You are not required to provide this information unless you choose to have it considered in connection with your modification or workout request.

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**Household Expense Information:**

*Total Monthly Expenses:	
Homeowners' Association / Condo Dues:	

\*Be sure to include the following expense items, as applicable, in the Total Monthly Expenses:

- Food
- Utilities (to include gas, electric, water, sanitation, sewer, heating oil)
- Telephone (to include cellular, residential)
- Public transportation (to include parking, tolls, ferry)
- Child support / alimony / Child day care
- Tuition
- Entertainment (to include dining out, movies)
- Cable TV / satellite / internet
- Security system
- Vehicle insurance / fuel / maintenance
- Clothing / Laundry / dry cleaning
- Home maintenance, repairs & upkeep
- Hazard insurance / taxes (if not being escrowed)
- Life insurance
- Medical / Dental insurance (not including paycheck deduction)
- Fitness / Country club fees
- Vacation / Spending money

\_\_\_\_\_  
Borrower's Name (Print)                      Borrower's Signature                      Date

\_\_\_\_\_  
Borrower's Name (Print)                      Borrower's Signature                      Date

**This document is not being provided to you in connection with the federal government's Home Affordable Modification Program, and neither the Servicer nor the Borrower(s) will receive any government incentives or other benefits available under that Program.**

## HARDSHIP AFFIDAVIT

**This document is not being provided to you in connection with the federal government’s Home Affordable Modification Program, and neither the Servicer nor the Borrower(s) will receive any government incentives or other benefits available under that Program.**

Borrower Name (First, Middle, Last) \_\_\_\_\_ DOB: \_\_\_\_\_

Co-Borrower Name (First, Middle, Last) \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

(“I”, “my” and/or “me” shall refer to all borrowers on the mortgage loan referenced above (“Loan”)). In order to be considered for a modification of my Loan terms or other workout options that I have requested, I am submitting this Affidavit and indicating by my checkmarks the one or more events that contribute to my difficulty making payments on my Loan.

Borrower		Co-Borrower		Description
Yes	No	Yes	No	
				My income has been reduced or lost. Examples: unemployment reduced hours, reduced pay, or a decline in self-employed business earnings. Provide details under “Explanation” below.
				My household financial circumstances have changed. Examples: death in the family; serious or chronic illness; permanent or short-term disability; increased family responsibilities such as adoption or birth of a child, or taking care of elderly relatives or other family members. Provide details under “Explanation” below.
				My expenses have increased. Examples: monthly mortgage payment has increased or will increase; high medical and health-care costs; uninsured losses (such as those due to fire or other natural disaster); unexpectedly high utility bills; increased real property taxes. Provide details under “Explanation” below.
				My cash reserves are insufficient to maintain the payment on my 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). Provide details under “Explanation” below.
				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. Provide details under “Explanation” below.
				There are other reasons I cannot make our mortgage payments. Provide details under “Explanation” below.

**HARDSHIP AFFIDAVIT – PAGE 2**

**Borrower/Co-Borrower Acknowledgement:**

1. Under penalty of perjury, I certify that all of the information in this Affidavit is truthful and the event(s) identified above has contributed to my need to modify the terms of my Loan or consider other workout options.
2. I understand and acknowledge that Capital One, N.A. may investigate the accuracy of my statements, may require me to provide supporting documentation, and that knowingly submitting false information violates federal law.
3. I understand that Capital One, N.A. will pull a current credit report on all borrowers obligated on the Note in connection with my request for a modification of my Loan terms or other workout options.
4. I understand that if I have intentionally defaulted on my Loan, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I do not provide all of the required information and documentation, Capital One, N.A. may cancel my request for modification or other workout option and may pursue foreclosure on my home.
5. I certify that I have not received a condemnation notice for my property.
6. I certify that I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
7. I certify that I am willing to provide all requested information and documents, and to respond to all communications from Capital One, N.A. in a timely manner. I understand that time is of the essence.
8. I certify that Capital One, N.A. will use this information and documentation to evaluate my eligibility for a Loan modification or other workout, but Capital One, N.A. is not obligated to offer me assistance based solely on the representations in this Affidavit.
9. If applicable, I authorize and consent to Capital One, N.A. disclosing to its regulator, the Office of Comptroller of the Currency, or other government agency, if necessary, any information provided by me or retained by Capital One, N.A. in connection with the modification and/or the modification request or other workout option.

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Borrower Signature	Date	Co-Borrower Signature	Date
<hr/>		<hr/>	
E-mail Address	<hr/>	E-mail Address	<hr/>
Cell Phone Number	<hr/>	Cell Phone Number	<hr/>
Home Phone Number	<hr/>	Home Phone Number	<hr/>
Work Phone Number	<hr/>	Work Phone Number	<hr/>
Social Security Number	<hr/>	Social Security Number	<hr/>

