

Is making your mortgage payment becoming difficult?

Submit your updated financial information today.

There may be help available if you are having difficulty making your mortgage loan payments.



If you qualify, we will work with you in an effort to make your mortgage payment affordable.

- You will not pay any fees to take advantage of this opportunity to modify your mortgage payment and keep your home.
- Now is the time to act!



Here's how our process works:

First, we will determine if you are eligible based on your situation. If you are eligible, we will look at your monthly income and housing costs, including any past due payments, and then determine an affordable mortgage payment. In order for us to review your situation and determine your eligibility, **please complete the following steps:**

Step 1 Information Worksheet.

Complete all applicable fields provided on this form.

Borrower

Name: _____

Social Security Number: _____

Date of Birth: _____

Home Phone Number: () _____

Best Time to Call: _____

Work Phone Number: () _____

Best Time to Call: _____

Cell Phone Number: () _____

Best Time to Call: _____

Email Address: _____

Co-Borrower

Name: _____

Social Security Number: _____

Date of Birth: _____

Home Phone Number: () _____

Best Time to Call: _____

Work Phone Number: () _____

Best Time to Call: _____

Cell Phone Number: () _____

Best Time to Call: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

ZIP: _____

Property Address: _____

City: _____

State: _____

ZIP: _____



Information Worksheet

BORROWER & CO-BORROWER INFORMATION

Submit your updated financial information today.

Number of Dependents:

Do you occupy the property?

Yes No

Is it a rental property?

Yes No

Is it leased?

Yes No

If you have a lease agreement, please provide a copy.

Is the property listed for sale?

Yes No

If yes, please provide a copy of the listing agreement.

Agent's Name: _____

Agent's Phone Number: () _____

Agent's Email Address: _____

Have you contacted a credit-counseling agency for help?

Yes No

If yes, please complete counselor contact information below.

Counselor's Name: _____

Counselor's Phone Number: () _____

Counselor's Email Address: _____

Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you?

I do Lender Does

If you pay it, please provide a copy of your tax statement.

Are the taxes current?

Yes No

Do you pay for a hazard insurance policy?

Yes No

If you pay it, please provide a copy of the policy.

Is the policy current?

Yes No

Have you filed for bankruptcy?

Yes No

If yes: Chapter 7 Chapter 13 Filing Date: _____

Has your bankruptcy been discharged?

Yes No

If yes, please provide a copy of the discharge order signed by the court.

Information Worksheet

INVOLUNTARY INABILITY TO PAY

Submit your updated financial information today.

I (We), _____, am/are requesting that IndyMac Mortgage Services 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"/> Inability to Rent Property |
| <input type="checkbox"/> Business Failure | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Casualty Loss | <input type="checkbox"/> Marital Difficulties |
| <input type="checkbox"/> Curtailment of Income | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Death in Family | <input type="checkbox"/> Payment Adjustment |
| <input type="checkbox"/> Death of Mortgagor | <input type="checkbox"/> Payment Dispute |
| <input type="checkbox"/> Distant Employment Transfer | <input type="checkbox"/> Property Problems |
| <input type="checkbox"/> Excessive Obligations | <input type="checkbox"/> Title Problems |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Transferring Property |
| <input type="checkbox"/> Illness in Family | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Illness of Mortgagor | <input type="checkbox"/> Other |

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 page 16 of this packet.

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: () _____

Lien Holder's Name: _____

Balance / Interest Rate: _____

Phone Number: () _____

Information Worksheet

EMPLOYMENT AND MONTHLY INCOME

Submit your updated financial information today.

Employment

Borrower

Employer's Address: _____

Employer's Phone Number: () _____

How Long: _____

Co-borrower

Employer's Address: _____

Employer's Phone Number: () _____

How Long: _____

Monthly Income

Borrower

Gross Wages / Frequency of Pay: _____ \$ _____ / month

Unemployment Income: _____ \$

Child Support / Alimony:* _____ \$

Disability Income/ SSI: _____ \$

Rents Received: _____ \$

Other: _____ \$

Less: Federal and State Tax, FICA: _____ \$

Less: Other Deductions (401K, etc.): _____ \$

Commissions, bonus and self-employed income: _____ \$

Total (Net income): _____ **\$** 0.00

Co-borrower

Gross Wages / Frequency of Pay: _____ \$ _____ / month

Unemployment Income: _____ \$

Child Support / Alimony:* _____ \$

Disability Income/ SSI: _____ \$

Rents Received: _____ \$

Other: _____ \$

Less: Federal and State Tax, FICA: _____ \$

Less: Other Deductions (401K, etc.): _____ \$

Commissions, bonus and self-employed income: _____ \$

Total (Net income): _____ **\$** 0.00

All income needs to be documented. Paystub must be most recent date with year-to-date information.

* 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.

Information Worksheet

MONTHLY EXPENSES AND ASSETS

Submit your updated financial information today.

Monthly Expenses

Other Mortgages / Liens:	\$
Auto Loan(s):	\$
Auto Expenses / Insurance:	\$
Credit Cards / Installment Loan(s): <i>(total minimum payment for both per month)</i>	\$
Health Insurance <i>(not withheld from pay):</i>	\$
Medical <i>(Co-pays and Rx):</i>	\$
Child Care / Support / Alimony:	\$
Food / Spending Money:	\$
Water / Sewer / Utilities / Phone:	\$
HOA/Condo Fees/Property Maintenance:	\$
Life Insurance Payments <i>(not withheld from pay):</i>	\$
Total:\$	\$0.00

Assets	Type	Estimated Value
Checking Account(s)		\$
Saving / Money Market:		\$
Stocks / Bonds / CDs:		\$
IRA / Keogh Accounts:		\$
401k / ESPO Accounts:		\$
Home:		\$
Other Real Estate:	#	\$
Cars:	#	\$
Life Insurance <i>(Whole Life not Term):</i>		\$
Other:		\$
Total:		\$ 0.00

I agree as follows: IndyMac Mortgage Services 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 IndyMac Mortgage Services' 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. I consent to being contacted concerning my Mortgage at any cellular or mobile telephone number I may have. This includes text messages and telephone calls to my cellular or mobile telephone.

I/We agree that I/we have completed the required steps as described above.

_____ Signature	_____ Date	_____ Co-borrower Signature	_____ Date
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