

HomeSaver Documents Checklist

Counseling Agency: _____

Borrower Name: _____

Date Submitted: _____

- Signed Application
- Dodd-Frank Certification
- Authorization for Release of Information
- Valid Government ID
- 2 Years of Signed Tax Returns
- Proof of Income - All Borrowers on Mortgage and Spouse - Minimum of 30 Days
- Self Employed – Year to Date (At least 2 Quarters) and/or prior year P&L
- BPO or Appraisal (IF Available)
- Signed 4506T-EZ
- Signed Authorization from the Borrower to Pull Credit
- Hardship Letter and Signed Hardship Affidavit
- NJ HMFA Privacy Policy
- Bank Statements at Least 60 Days
- Recent Mortgage Statement & Payoff Statement (Estimates are OK)
- Bankruptcy Discharge/Dismissal (If Applicable)
- Lease - For 2 and 3 Unit Properties (If Applicable)

Counselor's Name

Counselor's Signature & Date

Underwriter's Name

Underwriter's Signature & Date





Mortgage Loan Assistance Application

Date: _____

Name: First: _____ M: _____ Last: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Phone #2: _____ Social Security Number: _____

Birthdate: _____ Race: _____ Other _____

Hispanic: Yes No Place of Birth: _____

Marital Status: _____ Gender: _____ Disabled: _____ Veteran: _____

Household Type: _____ Head of Household _____

Received Foreclosure Notice: _____ Has your loan been modified in the past 6 months? _____

Filed For Bankruptcy: _____ Bankruptcy Discharge Date: _____

Disabled Dependent: _____ Total Co-Homeowners: _____ Education: _____

What is the primary reason for your hardship and/or loan default? _____

CO-HOMEOWNER

Name: First: _____ M: _____ Last: _____

Phone #: _____ Phone #2: _____ Social Security Number: _____

Birthdate: _____ Race: _____ Other _____

Hispanic: Yes No Place of Birth: _____ Education: _____

Marital Status: _____ Gender: _____ Disabled: _____ Veteran: _____

Relationship to Homeowner: _____ Other: _____

EMPLOYMENT

Primary Employer: _____ Position: _____ Self Employed: _____

Gross Income: \$ _____ Years in Profession: _____ Hire Date: _____

This amount is paid: Monthly

Co-Homeowner Employment

Primary Employer: _____ Position: _____ Self Employed: _____

Gross Income: \$ _____ Years in Profession: _____ Hire Date: _____

This amount is paid: Monthly

Mortgage Loan Assistance Application

PROPERTY INFORMATION

Property Type: _____ Purchase Price: \$ _____ Purchase Date: _____

Owner Occupied: _____ Occupancy Type: _____

Property For Sale: _____ Real Estate Agent Name: _____ Real Estate Agent Phone #: _____

First Mortgage Lender: _____ Loan Number: _____

Current On Mortgage: _____ Interest Rate _____% Adjustable Loan? _____ Type of Loan: _____

Date of Adjustment: _____ Principal Balance \$ _____ Monthly Payment \$ _____

Second Mortgage Lender: _____ Loan Number: _____

Interest Rate _____% Adjustable Loan? _____ Type of Loan: _____

Date of Adjustment: _____ Principal Balance \$ _____ Monthly Payment \$ _____

MISC

How Did you Hear About Us: _____ Best Time To Call: _____

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

_____ HOMEOWNER SIGNATURE	_____ HOMEOWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	_____ NAME (print)	_____ Date

FINANCIAL WORKSHEET

APPLICANT: _____
SPOUSE or CIVIL UNION PARTNER _____
OTHER PERSON(S) ON DEED _____

Date: _____
Loan # _____

MONTHLY INCOME			
<u>NAME</u>	<u>COMPANY/AGENCY</u>	MONTHLY GROSS	FOR COUNSELORS ONLY: HOW CALCULATED
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Rental Income (if multiple unit home):		\$	
TOTAL MONTHLY INCOME		\$	
TOTAL ANNUAL INCOME		\$	

HOUSING AND OTHER MONTHLY EXPENSES (CREDIT REPORT-RELATED)

MONTHLY HOUSING EXPENSES		
		<i>Prin. Balance</i>
1st Mortgage P & I	\$	\$
Homeowner's Insurance	\$	
Real Estate Taxes	\$	
Mortgage Insurance	\$	
2nd Mortgage Payment, if any	\$	\$
Homeowners Assn. Fee	\$	
TOTAL HOUSING EXPENSE	\$	\$
OTHER MONTHLY EXPENSES		
		<i>Unpaid Balance:</i>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OTHER EXPENSES	\$	\$
TOTAL EXPENSES	\$	\$

ASSETS

ASSETS		Number of Accounts
Checking account(s)	\$	
Savings account(s)	\$	
IRA, 401K, Keogh accounts	\$	
College Fund (529, etc.) accounts	\$	
		Describe
Stocks/Bonds	\$	
Other Savings/Investments	\$	
TOTAL ASSETS	\$	

Housing Expense Ratio (using gross income):	%
Total Expense Ratio (using gross income):	%

Third Party Authorization Form

Mortgage Lender/Servicer Name

[Account][Loan] Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above mortgage lender/servicer and its successors and assigns (individually and collectively, "Servicer") and the following third parties

[Counseling Agency]

[Agency Contact Name and Phone Number]

NJ Housing & Mortgage Finance Agency
[State HFA Entity]

Hardest Hit Fund Department (855) 647-7700
[State HFA Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

[Relationship of Other Third Party to Borrower and Co-Borrower]

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower

Co-Borrower

Printed Name

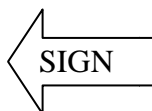
Printed Name

Signature

Signature

Date

Date



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower	Co-Borrower
<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion	<input type="checkbox"/> I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Borrower Signature

Date

Co-Borrower Signature

Date



Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	



NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY

PRIVACY POLICY

The New Jersey Housing and Mortgage Finance Agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization for Release of Information. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information that we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

Release of your information to third parties

- We may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of the federal assistance funding this program.
- We may also discuss any nonpublic information about you or former customers to anyone as required by law (e.g. if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

SIGNATURES OF HOMEOWNER, CO-OWNER(S), SPOUSE OR CIVIL UNION PARTNER:

_____	_____	_____
HOMEOWNER SIGNATURE	HOMEOWNER NAME (print)	Date
_____	_____	_____
CO-OWNER SIGNATURE	CO-OWNER NAME (print)	Date
_____	_____	_____
CO-OWNER SIGNATURE	CO-OWNER NAME (print)	Date
_____	_____	_____
SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	NAME (print)	Date



HARDSHIP AFFIDAVIT
New Jersey Housing and Mortgage Finance Agency

Homeowner's Name (first, middle, last): _____

Date of Birth: _____

PROPERTY STREET ADDRESS: _____

PROPERTY CITY: _____ STATE: _____ ZIP: _____

Co-Owner Name: _____

Date of Birth: _____

Co-Owner Name: _____

Date of Birth: _____

Spouse or Civil Union Partner (if not co-owner): _____

Date of Birth: _____

This is to attest that one of the following hardships explains the reason I/we have applied for mortgage loan assistance from the New Jersey Housing and Mortgage Finance Agency:

Household income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay or a decline in self-employed business earnings. Details are provided under "Hardship Explanation." Check the applicable answer: Yes No

OR

There are other reasons I/we cannot make our mortgage payments. Details are provided below under "Hardship Explanation." Check the applicable answer: Yes No

Acknowledgements:

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 apply for mortgage loan assistance and/or to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that the New Jersey Housing and Mortgage Finance Agency and/or its agents 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 and/or state law.
3. I/we certify that I/we have not been convicted within the last ten (10) years of any of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery; (b) money laundering; or (c) tax evasion. This information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203).
 4. I/we understand New Jersey Housing and Mortgage Finance Agency and/or its agents will pull a current credit report on all applicants for assistance.
 5. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any facts in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, I may not qualify for assistance from the New Jersey Housing and Mortgage Finance Agency.
 6. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
 7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication in a timely manner. I/we understand that time is of the essence.
 8. I/we understand that the New Jersey Housing and Mortgage Finance Agency and/or its agents will use this information to evaluate my/our eligibility for assistance, but the New Jersey Housing and Mortgage Finance Agency and its agents are not obligated to offer me/us assistance based solely on the representations in this affidavit.
 9. I/we authorize and consent to the New Jersey Housing and Mortgage Finance Agency and/or its agents disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac information provided by me/us or retained by the New Jersey Housing and Mortgage Finance Agency and/or its agents in connection with my/our mortgage loan assistance application/file.
 10. In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the loan servicer, the New Jersey Housing and Mortgage Finance Agency, the State of New Jersey, the U.S. Department of Treasury, or their agents, may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm the information I have provided in my application and to confirm the statements I/we have attested to in this affidavit. I/we also understand that knowingly submitting false information may violate Federal law..

HOMEOWNER SIGNATURE	HOMEOWNER NAME (print)	Date
CO-OWNER SIGNATURE	CO-OWNER NAME (print)	Date
CO-OWNER SIGNATURE	CO-OWNER NAME (print)	Date
SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	NAME (print)	Date

|

ATTACH: HARSHIP EXPLANATION (previously prepared Hardship Letter)

HARDSHIP EXPLANATION:

_____ HOMEOWNER SIGNATURE	_____ HOMEOWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ CO-OWNER SIGNATURE	_____ CO-OWNER NAME (print)	_____ Date
_____ SPOUSE OR CIVIL UNION PARTNER (if not a co-owner)	_____ NAME (print)	_____ Date