

<Agent Information>

Re: Loan #

Property Address:

Dear <Agent>

Homecomings Financial will consider a request for a short payoff on the above referenced property upon receipt of the financial information and related items below. As the listing agent for this property, we ask that you gather all of the required items from the homeowner in order to complete the short sale process. We understand that you may not have an offer on this property at this time, but it is important that you begin communication with the borrower on items they may need to proceed with the short sale of their property. It may take the homeowner some time to retrieve the necessary paperwork.

Please ask the homeowner to fill out the financial analysis form attached and to provide the supporting documentation requested on the checklist. As the listing agent, you must also provide certain documentation which is listed below as well. Please only submit completed packages and provide the necessary information as expediently as possible in order to avoid delays with processing.

Following this document is a Third Party Authorization Form. In order to speak with you in regards to this property, I need you to please fill this form out and have this signed by the homeowner. Please complete this and return it to my attention as soon as possible.

We will also be contacting you in order to schedule an interior inspection of the property, to be completed by an independent appraisal provider. We will need a contact name and number for the person who will be meeting the inspector.

*For the estimated and final HUD, please be sure to include a .50% or \$500 commission (whichever is greater) payable to National Collections & Loss Mitigation Services, LLC.

1577 New Britain Avenue
Farmington, CT 06032

****The final HUD must be sent to my attention for approval prior to closing.**

I will be your direct point of contact for this property and this homeowner. My contact information is listed below. Please call me with any questions.

Thank you.

Sincerely,

Lourdes King
Loss Mitigation Pre Sale Department
Phone 858 300 0855
Fax 858 769 0297

REQUIRED DOCUMENTATION

Loan Number:

AGENT:

Comparative Market Analysis

Copy of listing agreement (if property is listed)

Detailed listing history of the property- typically in MLS format. Must indicate the original list price (OLP), the current list price, and how effectively the property has been marketed.

Fully Executed Purchase contract, outlining the terms of the sale, signed by both buyers and sellers.

An preliminary HUD 1 from the closing agent showing approximate closing costs. (This statement must reflect that the seller is to receive no proceeds from this settlement.) The commission structure is as follows:

- 2 Agents from 2 different offices will be paid 2.5% commission each.
- 2 Agents from the same office will be paid 2.25% commission each.
- 1 Agent representing both parties will be paid 3% commission total.

****The estimated HUD must reflect these commissions accordingly and must always include a .50% or \$500 commission (whichever is greater) commission paid to National Collections & Loss Mitigation Services, LLC**

***It is the responsibility of the Listing Agent to negotiate any Jr. lien holder's payoff. Please begin these negotiations as soon as you receive an offer on this property. We must have a verbal or written approval from the Jr. lien holder in order to consider any offers.*

HOMEOWNER:

Written explanation of the cause of the current financial situation

The enclosed Personal Financial Analysis completed and signed.

Copy of last two months' bank statements for all deposit accounts.

Copy of their last 2 full pay check stub(s) which include year-to-date information. If self-employed, please provide your previous year's W-2 with all schedules and attachments.

Please take a moment to complete the following financial statement and return it to us at your earliest opportunity.

	Homeowner	Additional Homeowner
Name:	_____	_____
Work Telephone:	_____	_____
Home Telephone:	_____	_____
Cell Phone (optional):	_____	_____
Best Time to Call (Day/Time):	_____	_____

Please tell us about your property:

Please check all that apply:

- I live in this house
- This house is vacant
- This is a second home
- This is a rental property (Monthly Rent: \$ _____)
- This is a mobile home (VIN # _____)

Do you have other loans on this property (please circle)? Yes / No

Lender: _____

Principal Balance: _____

Monthly Payment Amount: _____

Number of Delinquent Payments: _____

Please check all that apply:

- This property is for sale (Agent Name: _____, List \$: _____), Phone: _____
 - I am considering selling the property (Estimated Value: \$ _____)
 - I am willing to do whatever is necessary to retain ownership of my home
 - I need help organizing and/or managing my finances
- Taxes:** I pay my own taxes (taxes are not included in my mortgage payment)
Taxes are Current (please circle): Yes / No
- Taxes are included in my mortgage payment

Homeowner Association:

My property is in a Homeowner Association (please circle): Yes / No
If yes, my annual HOA dues are: \$ _____
If yes, HOA dues are current (please circle): Yes / No

In order for us to better understand your circumstances and tailor a *custom* solution to meet your needs, we require information related to your monthly income *and* expenses. If there are additional contributors to your household income OR if additional parties are financially responsible for this debt, please include this information below as well.

Please tell us about your *Monthly Household Income*:

	Homeowner	Additional Homeowner
Net income (monthly income after taxes and benefits are deducted):	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Child Support/Alimony ¹ :	\$ _____	\$ _____
Other _____:	\$ _____	\$ _____
Total Monthly Net Income :	\$ _____	\$ _____
Current Employment Status (Circle One):	Employed Unemployed/Not Working Self-Employed	Employed Unemployed/Not Working Self-Employed

¹ You do not need to disclose child support or alimony income if you do not want it to be considered in any solutions we develop.

Please tell us about your *Monthly Household Expenses*:

This Mortgage:	\$ _____	Property Taxes (if not in mortgage): _____
Other Mortgages:	\$ _____	Insurance(if not in mortgage): _____
Auto Loan Payments:	\$ _____	Number Autos _____
Auto Expenses:	\$ _____	Estimated Balance _____
Credit Cards/ Loans payments*:	\$ _____	Maintenance _____
Insurance/Medical Expenses:	\$ _____	Fuel _____
Child Care:	\$ _____	Number Accounts _____
Child Support/Alimony:	\$ _____	Total Balance _____
		Life _____ Auto _____
		Med. _____
Total Utilities:	\$ _____	Water _____ Gas _____
Groceries/Household supplies:	\$ _____	Elec. _____ Phone _____
Spending Money/Charitable Contributions/Other:	\$ _____	Cable _____ Sewer _____
		Cell Phone _____ Internet _____
Total Monthly Expenses	\$ _____	

* Please identify minimum monthly payments.

Please tell us about your Assets and Investments:

Checking Account \$ _____
 Balance: \$ _____
 Savings/Money \$ _____
 Market/CD's: \$ _____
 Stocks/Bonds: \$ _____
 Vested Retirement \$ _____
 Balance \$ _____
 (401K,403B,IRA,Keogh,
 etc.): \$ _____
 Other Real Estate Equity: \$ _____
 Other: \$ _____

Total Assets and Investments: \$ _____

Please note, federal law requires us to inform you that this is an attempt to collect a debt and any information obtained will be used for that purpose.

Total Monthly Net Income (INCS) - Total Monthly Expenses (EXPS)
 Monthly Gain/Loss (G/L) =

INCOME \$ _____

EXPENSES \$ _____

Gain/Loss \$ _____

Note: If your expenses exceed your income, there may still be hope. (Entity) has partnered with non-profit Credit Counseling agencies to provide you with ideas related to personal finance management.

**Please indicate an amount for a down payment to reduce your delinquent balance: \$ _____

**When would these funds be available: _____

I agree as follows: My lender may discuss, obtain and share information, including but not limited to FICO scores, about my mortgage and financial situation with third parties in conjunction with the assistance we are hoping to provide you. Negotiations for a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any action, and an alternative will be provided only if an agreement has been approved in writing by my lender. I understand (Entity) may require additional information to approve certain alternatives and am willing to disclose requested information as necessary. My Lender may contact other parties with financial interest in this property. The information herein is an accurate statement of my financial status "

Signature of Homeowner _____ Date _____

Signature of Homeowner _____ Date _____

1. What was the financial impact of your hardship? (*Estimated expense of hardship, income lost during hardship, etc.*)
2. Are you currently employed? Yes / No
If you answered yes, how long have you been with your current employer?
Are there any foreseeable changes in your employment?
3. How long have you lived at the property? Have you considered selling the property? If so, please describe why you would want to sell your home. If not, please describe why you want to keep the property.
4. What event(s) has caused your financial hardship? (*If necessary, please attach an additional sheet.*)
5. What was the term of your hardship? (*When did it begin? Has it ended?*)
6. What actions have you taken thus far to resolve your financial situation? (*E.g. obtained additional employment, reduced optional monthly household expenses such as cable & Internet service, etc.*)

Third Party Authorization and Agreement to Release

THIS FORM IS REQUIRED IF YOU WANT US TO SPEAK TO ANYONE OTHER THAN YOURSELF REGARDING YOUR ACCOUNT. THIS INCLUDES SPOUSES NOT ON THE MORTGAGE NOTE, REAL ESTATE AGENTS, COUNSELING AGENCIES, FAMILY MEMBERS OR FRIENDS HELPING YOU APPLY FOR A WORKOUT.

Loan Number: _____ Printed Customer Name Customer Signature Date _____

Name(s): _____

Property Address: _____

For the purpose of assisting in pursuing and negotiating a loss mitigation alternative, I do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to

of _____ in his/her capacity as
Name _____ Company (if applicable)

Relationship (if applicable) _____ Phone Number _____
public and non-public personal financial information contained in my loan account which may include, but is not limited to: loan balances, final payoff statement, loan status, payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign and date below and include it with your completed Financial form.

NOTE: No information concerning your account can or will be provided until we have received this executed document. All parties on the Mortgage must sign.

Printed Customer Name Customer Signature Date