

# YOUR COMPANY NAME

Date: 1/19/2010

## RE: INTRODUCTION

Dear MICHAEL JAMES

These are troubled times for many homeowners with few apparent options available. Lenders do not seem to care that home owners need their assistance and shockingly would rather take the homes back rather than helping home owners keep their homes. Lenders are not moving fast enough for homeowners to avoid losing their homes or ruining their credit. In most cases, when a homeowner contacts their Lender directly, the homeowner has no idea what options are available to them and are frustrated in their attempts to reach a person who can assist them.

We will evaluate your case, explore options with you, and provide realistic solutions that will help you and your family stay in your home.

Once we complete our research and analysis, we will work to re-structure your current mortgage loan term. Even if you have no equity in your home or face credit challenges. No appraisal or credit check is required. This is not a refinance, but a modification of your current loan terms. We even offer an affordable payment plan to make our services available to everyone.

You may have tried to refinance and been denied because of credit challenges, home value challenges and/or income challenges. None of these reasons prevent you from qualifying for a loan modification. We present our clients with the goal to improve their financial situation, provide them with a fresh-start and help them keep their homes.

Our success rate is outstanding. We focus on helping you remain in your home. Few people outside of the banking world have the specialized knowledge or technical expertise to work with your current Lender to re-structure your mortgage terms. We carry the experience to work with you and your Lender to keep you in your home without struggling financially to do so.

## OUR GOAL

We are specialists in working with your Lender to re-structure your current mortgage by providing you with a unique and professional plan that you and your Lender can agree upon. We understand that you are facing some serious financial considerations as well as consequences and you may only have a short time to overcome the real possibility of facing financial choices that may lead to financial burdens or even lead to losing your home.

We provide experienced and responsible representation. We understand Federal rules and regulations and Lender policies including foreclosure avenues and always remain focused on ensuring that you avoid conflicts.

The choice to seek protection and relief through Bankruptcy should be your last choice as it may not necessarily provide the financial relief you expected. However, if this is the only choice, we will advise you if this is your best options. We look forward to helping you and your family during your time of hardship.

Sincerely Yours,

MIKO DELROSARIO

Your Company Name

1 Tech

Irvine, CA 90202

989-898-9899

miko@loanmodcity.com



# Financial Information Worksheet

**Fax to: 716.635.7255**

Full name: MICHAEL JAMES

Loan number: 19655856

Date: 1/19/2010

Total number of pages: 3

or mail to: Home Retention Department  
475 Cross Point Pkwy  
NY2-002-01-17  
Getzville, NY 14068

Loan number: 19655856

## Financial Information Worksheet

This form is designed to help us understand your financial situation. Please fill it out as accurately as possible. If you have any questions, call us at 1.800.846.2222 and we'll be happy to assist you.

### Current Total Monthly Gross Income

For each person listed on the mortgage, enter the monthly income (before taxes) as well as employment and contact information.

1	Current Household Monthly Gross Income - Borrower	\$3,200.00
2	Employer Name - Borrower	LOAN MOD CITY
3	Employer Phone Number - Borrower	111-111-1111
4	Current Household Monthly Gross Income - Co-Borrower	\$0.00
5	Employer Name - Co-Borrower	
6	Employer Phone Number - Co-Borrower	
7	Current Household Monthly Gross Income - Other (ex. alimony, child support, rental income, etc.)	\$2,200.00
<b>8</b>	<b>Total Current Household Income</b>	<b>\$5,190.00</b>

### Prior Total Monthly Gross Income

If you've had a financial hardship, enter your monthly income (before taxes) prior to the hardship for each person listed on the mortgage.

9	Has your income changed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10	Was the change in your income involuntary?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11	Prior Household Monthly Gross Income - Borrower	8000	
12	Prior Household Monthly Gross Income - Co-Borrower		
13	Prior Household Monthly Gross Income - Other		
<b>14</b>	<b>Prior Household Monthly Gross Income - Total</b>	<b>8000</b>	

### Anticipated Future Total Household Monthly Gross Income

As your situation changes, help us understand the monthly (before taxes) income you anticipate for each person listed on the mortgage.

15	Do you anticipate any future changes in your income?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16	Anticipated Future Household Monthly Gross Income - Borrower		
17	Anticipated Future Household Monthly Gross Income - Co-Borrower		
18	Anticipated Future Household Monthly Gross Income - Other		
<b>19</b>	<b>Anticipated Future Household Monthly Gross Income - Total</b>		

Loan number: \_\_\_\_\_

### General Questions

20	After all of your monthly expenses are paid, how much do you have left?	\$-1,891.00
21	How much money do you have to contribute towards your loan balance?	0
22	How many people are in your household?	4
23	Do you have ownership interest in other residential real estate (including homes/rental properties)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Monthly Payment Items and Property Information

24	Monthly Property Tax Payment (ex. county taxes, city taxes)	\$300.00
25	Monthly Insurance Payment (include any mandatory property insurances. Hazard, flood, wind, etc.)	\$121.00
26	Monthly Homeowners Association/Condo Fee (if applicable)	\$0.00
27	What caused you to have difficulty making your payment	
	<input type="checkbox"/> Abandonment of Property <input type="checkbox"/> Payment increase on Adjustable Rate Mortgage <input type="checkbox"/> Business Failure <input type="checkbox"/> Medical bills or prolonged illness <input type="checkbox"/> Casualty Loss <input type="checkbox"/> Victim of fraud <input type="checkbox"/> Job relocation <input type="checkbox"/> Death of spouse or family member <input type="checkbox"/> Unemployment <input type="checkbox"/> Incarceration <input type="checkbox"/> Reduction of income <input checked="" type="checkbox"/> Other .....	
28	Is the property abandoned, vacant, or condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29	Is the property owner occupied?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Contact

During the review process it may be necessary for your loan specialist to contact you by phone.

30	What is the best phone number to reach you?	818-346-9588
31	If the selected number is a cell phone number do we have your permission to contact you via the cell phone number?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32	When is the best time to contact you?	Morning <input type="checkbox"/> Afternoon <input checked="" type="checkbox"/> Evening <input type="checkbox"/>
33	Loan Number	19655856
34	Full Name	MICHAEL JAMES
	Full Name - Co-Borrower	
35	Submitted Date	1/19/2010

## Customer Financial Statement

**Loan Number: 19655856**

Borrower Information		Co-Borrower Information	
Name:	MICHAEL JAMES		
Social Security No.:	569-99-5884	_ _ - _ - _	
Mailing Address:	95-29 118TH STREET	95-29 118TH STREET	
	RICHMOND, CA 11419	RICHMOND, CA 11419	
No. of Occupants:	3	No. of Dependents:	3
Home Telephone:	818-346-9588		
Work Telephone:	111-111-1111		
Employer:	LOAN MOD CITY	How Long: 3 yrs 0 mo	How Long: 0 yrs 0 mos
Occupation:	SALES		

Income		Assets			Income		Assets		
Monthly Gross		Account Type	Account Number	Balance	Monthly Gross		Account Type	Account Number	Balance
Rental	\$3,200.00	Checking			Rental	\$0.00	Checking		
Child Sup./Alimony exp. / /	\$2,200.00	Savings			Child Sup./Alimony exp. / /	\$0.00	Savings		
Disability	\$0.00	401K/Retirement			Disability	\$0.00	401K/Retirement		
Other	\$0.00	IRA/Keogh			Other	\$0.00	IRA/Keogh		
Less: Deductions	\$210.00	Stocks/Bonds/CD			Less: Deductions	\$0.00	Stocks/Bonds/CD		
Netflake home pay)	\$5,190.00	Other House(s)			Net(take home)	\$0.00	Other House(s)		

Liabilities				Expenses	
Creditor	Name & Account Number	Payment	Balance	Monthly Payment	
Mortgage	Bank of America/19655856	\$3,400.00	\$356,525.00	Child Sup./Alimony Exp. / /	\$340.00
Other Mortgages	/	\$0.00	\$0.00	HOA Dues/Security System	\$0.00
Other Liens				Food	\$900.00
Auto Loan				Utilities (Including Telephone water, garbage tee)	\$700.00
Auto Loan				Auto Maintenance & Ins.	\$0.00
Personal Loan(s)				Child Care	\$0.00
Student Loan(s)				Medical/Health & Life Ins.	\$500.00
Credit Card				Entertainment (cable, internet. clubs, other)	\$0.00
Credit Card				Clothing/Cleaning	
Credit Card				Church/charity/gifts	
Credit Card				Tuition/School expenses	\$0.00
Other Cards				Home repairs/Maintenance	\$121.00
<b>Total:</b>		<b>\$3,400.00</b>		<b>Total:</b> <b>\$3,260.00</b>	
Do you occupy the property? Yes (✓) No ( )		Is it a rental? Yes (✓) No ( )		If so, what is the monthly rent?	
Is the property listed for sale? Yes ( ) No (✓)		Realtor's Name:		Realtor's Telephone:	

Have you contacted credit counseling services? Yes ( ) No (✓) Counselor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please explain briefly your hardship or reason for being delinquent on your mortgage.

What dollar amount can you contribute toward the default now? \_\_\_\_\_ No. of vehicles you own: \_\_\_\_\_

Please list any repairs needed on this property: \_\_\_\_\_

I (We) agree that the financial information provided is an accurate statement of my (our) financial status. I (We) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (We) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact ray realtor and/or credit counseling service representative (if applicable).

1/19/2010 1/19/2010

Borrower Signature MICHAEL JAMES Date Co-Borrower Signature Date

# Personal Budget Worksheet

**Loan Number:** 19655856

Please complete the following in order for us to fully assess your situation and provide a response to your request for assistance.

<b>Borrower Name:</b>	MICHAEL JAMES
<b>Co-Borrower Name:</b>	
<b>Property Address:</b>	95-29 118TH STREET
	RICHMOND, CA 11419
<b>Billing Address:</b>	95-29 118TH STREET
	RICHMOND, CA 11419

## Contact Information

<b>Borrower</b>	Home:	818-346-9588	<b>Co-Borrower</b>	Home:	
	Work:	111-111-1111		Work:	
	Mobile:			Mobile:	

Income (List net income for all household members)	
Borrower:	\$2,990.00
Co-Borrower:	\$0.00
Other Household Members:	
Child Support/Alimony:	\$0.00
Rental Income:	\$2,200.00
Other Income:	\$0.00
<b>Please explain the reason you fell behind on your payments:</b>	
<ul style="list-style-type: none"> <li>- Excessive Obligation</li> <li>- Other</li> <li>- Situation Temporary</li> </ul>	

Expenses (List minimum monthly payment)	
1st Mortgage (Include tax/ins):	\$3,400.00
2nd Mortgage:	\$0.00
Other Mortgages or Rent:	\$0.00
Auto Loan 1:	
Auto Loan 2:	
Installment Loan(s):	\$0.00
Credit Cards:	\$0.00
Child Care:	\$0.00
Child Support/Alimony:	\$340.00
School/Tuition:	\$0.00
Electric:	\$590.00
Gas/Oil:	
Water:	
Auto Insurance:	\$0.00
Life/Other Insurance:	\$0.00
Transportation (gas, bus fare):	\$100.00
Groceries:	\$900.00
Dining Out:	\$0.00
Cell Phone:	\$120.00
Home Phone:	\$110.00
Cable/Satellite:	
Internet:	
Misc/Other:	\$0.00

**Borrower:** \_\_\_\_\_

**Date:** 1/19/2010

MICHAEL JAMES

Mail or FAX to:

Home Retention Department  
 475 CrossPoint Pkwy  
 NY2-002-01-17  
 Getzville, NY 14068

Fax: 716.635.7255





Mail Stop: NY2-001-02-17  
 475 CrossPoint Pkwy  
 Getzville, NY 14068  
 E-mail: [lossmitigation@bankofamerica.com](mailto:lossmitigation@bankofamerica.com)

Telephone: 1-800-846-2222  
 Fax: 1-716-635-7252

Borrower Name: MICHAEL JAMES

Loan Number: 19655856

Event Name:

**BORROWER REQUEST FOR HARDSHIP ASSISTANCE**

Sometimes things occur beyond anyone's control that makes it difficult, if not impossible, for homeowners to meet their obligations. Bank of America wants to help. To complete your request for hardship assistance, we must consider your circumstances to determine your eligibility. Please provide the following information:

Property Address: 95-29 118TH STREET  
 RICHMOND, CA 11419

Hm #: 818-346-9588 Wk #: 111-111-1111 Cell #: \_\_\_\_\_

Best time to call: 1 PM E mail: \_\_\_\_\_

How did you hear about this event: \_\_\_\_\_

Please check all that apply:

I live in this house

Occupants in home: 4

This is a second house

This house is vacant

This is a rental property (monthly rent: \$ \_\_\_\_\_)

Active BK: (if yes, chapter &/or case #) \_\_\_\_\_

INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Net Income (monthly income after taxes and benefits are deducted)	\$3,200.00	\$2,990.00	\$0.00	\$0.00
Disability		\$0.00		\$0.00
Rental Income		\$2,200.00		\$0.00
Unemployment		\$0.00		\$0.00
Child Support / Alimony		\$0.00		\$0.00
Other		\$0.00		\$0.00
<b>TOTAL MONTHLY NET INCOME</b>		\$5,190.00		\$0.00

**Current Employment Status Primary Homeowner:** (please check one)  
 Employed Full-Time  Employed Part-Time  Unemployed/Not Working  Self-Employed  Retired

**Current Employment Status Additional Occupant(s):** (please check one)  
 Employed Full-Time  Employed Part-Time  Unemployed/Not Working  Self-Employed  Retired

**HOUSEHOLD**

In an effort to evaluate all of the workout options available to you, Bank of America will order a credit report to verify your income and credit obligations.

LIABILITIES & EXPENSES	CURRENT
Credit Card (minimum pmts) How many cards with balances?	\$0.00
Auto Loan (Monthly Payment Per Vehicle)	(1) (2) (3)
Auto Insurance	\$0.00
Auto Expenses (gas, maintenance, etc...)	\$600.00
Transportation (mass transit fees / bus passes / parking / tolls)	\$100.00
Electricity/ Gas/ Water	\$590.00
Telephone/ Cellular phone	\$230.00
Cable / Satellite Dish / Internet	
Groceries / Household Supplies	\$900.00
Childcare / School Tuition	\$0.00
Medical Expenses	\$100.00
Installment Loans	(1) \$0.00 (2) \$0.00
Spending Money	\$0.00
Miscellaneous (please describe)	\$400.00
<b>TOTAL MONTHLY EXPENSES</b>	\$3,260

Net Income: \$5,190.00 - Expenses: \$3,260 = Surplus: \$1,930.00



Date: 1/19/2010

## Authorization To Release Information

Mortgagor Name(S): MICHAEL JAMES

Property Address: 95-29 118TH STREET RICHMOND, CA 11419

Mortgage Loan No.: 19655856

I/We Authorize Bank of America Mortgage to disclose information regarding the mortgage account referenced above, to the following individual(S):

name here  
\_\_\_\_\_  
NAME (SSN)

\_\_\_\_\_  
NAME (SSN)

\*Social Security Number is required for verification purposes

I understand that my authorization entitles the individual(S) Named above to obtain any account information on my behalf. I also understand that I will be responsible for any servicing fees incurred as a result of inquiries made by the individual(S) named above\*\*.

\_\_\_\_\_  
(MORTGAGOR SIGNATURE) 1/19/2010 569-99-5884  
(DATE) (SSN)

\_\_\_\_\_  
(ADDITIONAL MORTGAGOR) 1/19/2010 \_\_\_\_-\_\_-\_\_\_\_  
(DATE) (SSN)

\_\_\_\_\_  
(ADDITIONAL MORTGAGOR) (DATE) (SSN)

\_\_\_\_\_  
(ADDITIONAL MORTGAGOR) (DATE) (SSN)

\*\*For information regarding our servicing fees, please call our Customer Service Department at 1.800.285.6000.

Please note that this authorization will remain effective until a written revocation is received, signed by all mortgagors who have signed above.

A photocopy of this document shall also serve as an Authorization to provide the information requested.

Freddie Mac Loan Number 19655856

BORROWER		CO-BORROWER	
BORROWER'S NAME MICHAEL JAMES		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER 569-99-5884	DATE OF BIRTH 9/19/1965	SOCIAL SECURITY NUMBER _ - _ - _	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL) 818-346-9588	1 PM	HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL) 111-111-1111		WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS 95-29 118TH STREET RICHMOND, CA 11419			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) 95-29 118TH STREET RICHMOND, CA 11419		EMAIL ADDRESS	
Number of Dependents: 0	Do you occupy the property? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is it leased? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If you have a lease agreement, please provide a copy.			
Is the property listed for sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide a copy of the listing agreement. Agent's Name: Agent's Phone Number: Agent's Email:		Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please complete counselor contact information below. Counselor's Name: Counselor's Phone Number: Counselor's Email:	
Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do <input type="checkbox"/> Lender does <input checked="" type="checkbox"/> Are the taxes current? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If you pay it, please provide a copy of your tax statement.		Do you pay for a hazard insurance policy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is the policy current? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If you pay it, please provide a copy of the policy.	
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Filing Date: _____			
Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge order signed by the court.			

**INVOLUNTARY INABILITY TO PAY**

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

I believe that my situation is:  Short term (under 6 months)  Long term (over 6 months)  Permanent

I want to:  Keep the Property  Sell the Property

***Please provide a detailed explanation of the hardship on a separate sheet of paper.***

If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their respective telephone numbers.

	\$0.00      0.000%	
Lien Holder's Name	Balance / Interest Rate	Phone Number (WITH AREA CODE)
	\$0.00      0.000%	
Lien Holder's Name	Balance / Interest Rate	Phone Number (WITH AREA CODE)

***Before mailing, make sure you have signed and dated the form and attached appropriate documentation.***

## EMPLOYMENT

BORROWER- EMPLOYER'S ADDRESS & PHONE #		HOW LONG?	CO-BORROWER- EMPLOYER'S ADDRESS & PHONE #		HOW LONG?
1 STREET LOS ANGELES CA 90022111-111-1111		3 yrs 0 mos			0 yrs 0 mos
<b>Monthly Income - Borrower</b>			<b>Monthly Income - Co-Borrower</b>		
Gross Wages / Frequency of Pay	\$3,200.00	Gross Wages / Frequency of Pay	\$0.00		
Unemployment Income	\$0.00	Unemployment Income	\$0.00		
Child Support / Alimony*	\$0.00	Child Support / Alimony*	\$0.00		
Disability Income/ SSI	\$0.00	Disability Income/ SSI	\$0.00		
Rents Received	\$2,200.00	Rents Received	\$0.00		
Other	\$0.00	Other	\$0.00		
Less: Federal and State Tax, FICA	\$210.00	Less: Federal and State Tax, FICA	\$0.00		
Less: Other Deductions (401K, etc.)	\$0.00	Less: Other Deductions (401K, etc.)	\$0.00		
Commissions, bonus and self-employed income	\$0.00	Commissions, bonus and self-employed income	\$0.00		
* *					
<b>Paystub must be most recent date with year to date information.</b>					
<b>Total (Net income)</b>		\$5,190.00	<b>Total (Net income)</b>		\$0.00
<b>Monthly Expenses</b>			<b>Assets</b>		
Other Mortgages / Liens	\$0.00	<b>Type</b>		<b>Estimated Value</b>	
Auto Loan(s)	\$0.00	Checking Account(s)		\$0.00	
Auto Expenses / Insurance	\$700.00	Saving / Money Market		\$0.00	
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$0.00	Stocks / Bonds / CDs		\$0.00	
Health Insurance (not withheld from pay)	\$400.00	IRA / Keogh Accounts		\$0.00	
Medical (Co-pays and Rx)	\$100.00	401k / ESPO Accounts		\$0.00	
Child Care / Support / Alimony	\$340.00	Home		\$0.00	
Food / Spending Money	\$900.00	Other Real Estate	#	\$0.00	
Water / Sewer / Utilities / Phone	\$700.00	Cars	#	\$0.00	
HOA/Condo Fees/Property Maintenance	\$0.00	Life Insurance (Whole Life not Term)		\$0.00	
Life Insurance Payments (not withheld from pay)	\$0.00	Other		\$0.00	
<b>Total</b>		\$3,260.00	<b>Total</b>		\$0.00

\* 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.

I agree as follows: My lender 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 my lender's 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.

Submitted this 19 day of January, 2010

By \_\_\_\_\_  
Signature of Borrower

By \_\_\_\_\_  
Signature of Co-Borrower

*Before mailing, make sure you have signed and dated the form and attached appropriate documentation.*

**FOR LENDER USE ONLY**

Provide the appropriate information about the borrower, mortgage and property. If there are junior or superior liens, indicate the total amount owed, the name of the lien holder(s) and the status of the lien (i.e., current, in foreclosure, delinquent and indicate the number of days delinquent).

The Debt analysis section is divided into three sections: the amount of expenses which have been paid or advanced to retain the lien status; the total amount of the mortgage debt, including the amount of escrow that remains after any advances have been made; and the pending expenses which you are aware are coming due, such as pending unpaid real estate taxes, and indicate the date that any unpaid expenses are due.

Freddie Mac Loan Number 	Seller/Service Loan Number	DDLPI	Current Interest rate	Seller/Service Number 	
Preparer's Name		Date Prepared	Phone Number ( ) ( )	Fax Number ( ) ( )	
Seller/Service Name			<u>E-mail Address</u>		
Address		City	State		
MI Contact Name		Phone Number ( ) ( )			
If Primary MI Coverage: MI Company _____		If Pool MI Coverage: MI Company _____			
Certificate # _____		Certificate # _____			
% of Coverage _____		% of Coverage _____			
Recommendation: <input type="checkbox"/> Short Payoff <input type="checkbox"/> Deed in Lieu <input type="checkbox"/> Makewhole		<input type="checkbox"/> Scheduled or <input type="checkbox"/> Estimated Foreclosure Sale Date / /			
Bankruptcy History: Chapter _____ Date Filed / / Date Released / /					
Monthly payment: P&I \$ _____ Hazard Insurance \$ _____ Other Escrowed Amt \$ _____ Taxes \$ _____ Mortgage Insurance Premium \$ _____					
If loan is an ARM: Interest Rate: _____ Effective Date: _____ P&I _____		If loan is a GPM: Interest Rate: _____ Effective Date: _____ Interest Rate: _____ Effective Date: _____			
Property Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair		Property Insurance Claim \$			
MI Contribution \$		Borrower Contribution \$			
Junior Lien Amount \$		Lien Holder		Status of Lien	
Superior Lien Amount \$		Lien Holder		Status of Lien	
<b>Expenses</b>		<b>Mortgage Debt</b>		<b>Pending Unpaid Expenses (describe/due date)</b>	
Appraisal/BPO	\$	Unpaid Principal Balance	\$	Next RE taxes due	\$
				/ /	
Real Estate Taxes	\$	Accrued Interest	\$		\$
Foreclosure	\$	Positive Escrow Balance	\$		\$
Bankruptcy	\$	Negative Escrow	\$		\$
Water/Sewer Pmts	\$	(Net of advances)	\$		\$
Other (explain)	\$	(B) Total Loan Amount	\$		\$
(A) Total Expenses	\$	Total Debt (A + B)	\$	Total	\$

*Before mailing, make sure you have signed and dated the form and attached appropriate documentation.*

## Home Affordable Modification Program Hardship Affidavit

Borrower Name: MICHAEL JAMES  
 Co-Borrower Name: \_\_\_\_\_  
 Property Street Address: 95-29 118TH STREET  
 Property City, ST, Zip: RICHMOND, CA 11419  
 Servicer: Bank of America  
 Loan Number: 19655856

In order to qualify for Bank of America's ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower  Co-Borrower

- My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details starting on page 2.
- My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details starting on page 2.
- My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details starting on page 2.
- My cash reserves are insufficient to maintain the payment on my mortgage 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). I have provided details starting on page 2.
- 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. I have provided details starting on page 2.
- There are other reasons I/we cannot make our mortgage payments. I have provided details starting on page 2.

**Borrower/Co-Borrower Acknowledgement**

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 modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer 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 law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.

_____	1/19/2010	_____	1/19/2010
Borrower Signature	Date	Co-Borrower Signature	Date
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # <u>818-346-9588</u>		Home Phone # _____	
Work Phone # <u>111-111-1111</u>		Work Phone # _____	
Social Security # <u>569-99-5884</u>		Social Security # _____	

**Explanation of Hardship:**

Explanation typed or written

---



# YOUR COMPANY NAME

## APPLICATION

PART A - BORROWER(S) INFORMATION							
<b>Borrower Name:</b> MICHAEL JAMES		<b>SSN:</b> 569-99-5884		<b>Co-Borrower Name:</b>		<b>SSN:</b> _ - _	
<b>DOB:</b> 9/19/1965	<b>Phone:</b> 818-346-9588			<b>DOB:</b>	<b>Phone:</b>		
<b>Address:</b> 95-29 118TH STREET				<b>Address:</b> 95-29 118TH STREET			
<b>City:</b> RICHMOND		<b>State:</b> CA	<b>Zip:</b> 11419	<b>City:</b> RICHMOND		<b>State:</b> CA	<b>Zip:</b> 11419
<b>Marital Status:</b> Single		<b>Property Occupancy:</b> Owner Occupied		<b>Marital Status:</b>		<b>Property Occupancy:</b> Owner Occupied	
<b>Email:</b>				<b>Email:</b>			
PART B - DEPENDENTS							
<b>Name</b>			<b>Relationship</b>		<b>DOB</b>	<b>Day Care (Y/N)</b>	
<b>Name</b>			<b>Relationship</b>		<b>DOB</b>	<b>Day Care (Y/N)</b>	
<b>Name</b>			<b>Relationship</b>		<b>DOB</b>	<b>Day Care (Y/N)</b>	
<b>Name</b>			<b>Relationship</b>		<b>DOB</b>	<b>Day Care (Y/N)</b>	
PART C - BORROWER(S) EMPLOYMENT INFORMATION							
<b>Employer:</b> LOAN MOD CITY		<b>How Long:</b> 3 yrs 0 mos		<b>Employer:</b>		<b>How Long:</b> 0 yrs 0 mos	
<b>Address:</b> 1 STREET				<b>Address:</b>			
<b>City:</b> LOS ANGELES		<b>State:</b> CA	<b>Zip:</b> 90022	<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Position/Title</b> SALES		<b>Dates (from-to)</b>		<b>Position/Title</b>		<b>Dates (from-to)</b>	
<b>Employer Phone</b> 111-111-1111		<b>Monthly Income</b> \$3,200.00		<b>Employer Phone</b>		<b>Monthly Income</b> \$0.00	
PART D - RENTAL / LEASING INFORMATION (IF NOT OWNER OCCUPIED)							
<b>Address:</b>				<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Address:</b>				<b>City:</b>		<b>State:</b>	<b>Zip:</b>

I/We certify that the information given in this application is true, correct and complete in all material respects. The information and documentation provided does not omit any material fact or matter that makes the information or documentation presented misleading. I/ We also do understand that I/We may be required to provide additional documentation to support the information provided in this application.

1/19/2010 1/19/2010

Borrower Date Co-Borrower Date

Loan Number(s): 1<sup>st</sup> TD 19655856

2<sup>nd</sup> TD \_\_\_\_\_

**PART E - INCOME**

DESCRIPTION	BORROWER	CO-BORROWER	TOTAL
Gross Income	\$3,200.00	\$0.00	\$3,200.00
Overtime	\$0.00	\$0.00	\$0.00
Commissions/Bonuses	\$0.00	\$0.00	\$0.00
Rental Income	\$2,200.00	\$0.00	\$2,200.00
Fixed Income (SS/Pension/Annuities etc.)	\$0.00	\$0.00	\$0.00
Other Income	\$0.00	\$0.00	\$0.00
Less Federal	\$180.00	\$0.00	\$180.00
Less State	\$20.00	\$0.00	\$20.00
Less Other	\$0.00	\$0.00	\$0.00
<b>Total Monthly Net Income</b>	<b>\$5,190.00</b>	<b>\$0.00</b>	<b>\$5,190.00</b>

**NOTE:** Salaried Income is based on a 12 month average

**PART F - ASSETS**

DESCRIPTION	AMOUNT/VALUE	AMOUNT OWED	NET VALUE
Checking Account	\$0.00		\$0.00
Savings Account	\$0.00		\$0.00
401K/IRA/CDs etc.	\$0.00		\$0.00
Stocks/Bonds	\$0.00		\$0.00
Cash	\$0.00		\$0.00
Other	\$0.00		\$0.00
Primary Residence (1st Lien)			\$356,525.00
(2nd Lien)			\$0.00
(3rd Lien)			\$0.00
Automobile 1			\$0.00
Automobile 2			\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$356,525.00</b>	<b>\$-356,525.00</b>

I/We certify that the information given in this application is true, correct and complete in all material respects. The information and documentation provided does not omit any material fact or matter that makes the information or documentation presented misleading. I/ We also do understand that I/We may be required to provide additional documentation to support the information provided in this application.

1/19/2010  
 Borrower \_\_\_\_\_ Date

1/19/2010  
 Co-Borrower \_\_\_\_\_ Date

Loan Number(s): 1<sup>st</sup> TD 19655856 \_\_\_\_\_

2<sup>nd</sup> TD \_\_\_\_\_

**PART F - LIABILITIES**

DESCRIPTION	MONTHLY PAYMENT	TOTAL BALANCE	MONTHS REMAINING
Primary Residence Lien 1	\$3,400.00	\$356,525.00	
Primary Residence Lien 2			
Property Tax	\$300.00		
Homeowners Insurance	\$121.00		
Mortgage Insurance	\$0.00		
HOA Dues	\$0.00		
Automobile Loan 1			
Automobile Loan 2			
Automobile Insurance	\$0.00		
Automobile Maintenance	\$600.00		
Gasoline	\$100.00		
Other Loans	\$0.00	\$0.00	
Credit Cards (Visa, MC, Sears)	\$0.00	\$0.00	
Utilities (Water, Gas, Electric)	\$590.00		
Cell Phone	\$120.00		
Telephone/TV/Internet	\$110.00		
Medical/Dental	\$100.00		
Groceries/Food	\$900.00		
Entertainment/Vacation	\$0.00		
Child Care	\$0.00		
Clothing	\$0.00		
Other	\$0.00		
<b>Total Monthly Expenses</b>	<b>\$6,660.00</b>	<b>\$356,525.00</b>	

I/We certify that the information given in this application is true, correct and complete in all material respects. The information and documentation provided does not omit any material fact or matter that makes the information or documentation presented misleading. I/ We also do understand that I/We may be required to provide additional documentation to support the information provided in this application.

\_\_\_\_\_  
Borrower  
1/19/2010  
Date

\_\_\_\_\_  
Co-Borrower  
1/19/2010  
Date

Loan Number(s): 1<sup>st</sup> TD 19655856  
2<sup>nd</sup> TD \_\_\_\_\_

# YOUR COMPANY NAME

## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

1/19/2010

Borrower

MICHAEL JAMES

95-29 118TH STREET

RICHMOND, CA 11419

I/we authorize Your Company Name, and its authorized agents, to obtain a credit-profile through any/all of the credit bureau(s), if hereinafter required for my case handling.

The undersigned, either individually, or jointly and severally, represent and warrant to the above-mentioned Company the information submitted in this personal financial statement, questionnaire, and financial statement, are true, correct, accurate and complete, to the best of my/our knowledge, in all material aspects, or otherwise. Likewise, if my circumstances have changed after the submittal of this information thereto, I will immediately make them aware of the foregoing for further processing.

The Information and documentation provided to Your Company Name has not omitted any material fact, or other matter, which would make this information or documentation (materially) misleading, otherwise, they may have the (unconditional) right to close-out my file, without any further obligation to me/us in regards to securing me/us a workout solution hereto.

Signed By:

1/19/2010

Date

MICHAEL JAMES

1/19/2010

Date

# YOUR COMPANY NAME

## ENGAGEMENT AGREEMENT AUTHORIZATION FOR NEGOTIATION SERVICES

This agreement is made and entered into this date 1/19/2010 ('Effective Date'), by and between, Your Company Name a California Corporation ('Company'), and MICHAEL JAMES ('Client') subject to and conditioned upon the following:

### RECITALS:

WHEREAS Company is in the business of providing an analysis of real estate-secured debt (mortgages) and examining the potential for restructuring such debt which may include, but is not limited to, entering into negotiations with lenders and/or loan servicers. The intent of which is to effect a resolution of Client's debt delinquency or financial hardship relating to their mortgage loan.

WHEREAS Client wishes to employ Company to perform the following services: (a) submit a request along with a packaged file to Client's Lender or Loan Servicer; (b) communicate, correspond, and/or negotiate with the Client's Lender or Loan Servicer in attempt to restructure Client's mortgage debt; (c) and for a flat fee, present Client with the result of such communication, correspondence, and negotiation. Items (a), (b), and (c) shall be referred to hereinafter individually or collectively as the ('Services').

The mortgage loan(s) referenced herein relate to the property located at:

95-29 118TH STREET RICHMOND, CA 11419

Lender 1 Name: Bank of America

Account/Loan # : 19655856

Lender 2 Name:

Account/Loan # :

### 1. Client to Provide Complete and Truthful Information.

Client shall promptly provide Company with all information requested by Company for purposes of performing the Services. Failure by Client to provide Company all information requested within thirty (30) days of the Effective Date shall constitute a waiver by Company of any obligation for performance hereunder. Client expressly represents and warrants to Company that he/she will at all times provide Company with information that is accurate and true to the best of his/her knowledge. Client hereby agrees to defend and hold harmless Company from and against any liability of any nature whatsoever arising out of or in connection with Client's breach, in whole or in part of the representations and warranties herein

### 2. Performance of Services.

#### 2.1 Modification, Restructure and or Forebearance Negotiation.

Upon completion of Research and Services as described in the separate Engagement Agreement, Company will submit as a request for debt restructuring options a packaged file of pertinent documents to Client's Lender or Loan Servicer. Company will also contact and begin negotiations with the Client's Lender or Loan Servicer in an attempt to restructure Client's mortgage debt which will address any of the following: loan modification, forbearance agreement, a discounted pay off, a short-sale offer, or a principle reduction of the loan balance. Each of these options will individually, and collectively be subsequently referred to as the 'Lender Loss Mitigation Option'. Company will timely perform follow-up communication with such Lender or Loan Servicer approving or accepting a Lender Loss Mitigation Option, the respective documents will be forwarded to Client for review. If and when Client agrees to a Lender Loss Mitigation Option for signature, either from Company or directly from the Lender or Servicer, Company shall have completely performed the Services which are the subject of this Agreement once any lender Loss Mitigation Option is presented to Client for review.

### 3. Fees for Services.

In consideration of the performance of the Services, Client hereby agrees to pay Company a flat fee of \$500 to be paid at the time of commencement of such Services by Company ('Commencement Fee'), and held in the a Trust Account. If there is more than one mortgage loan on the subject property, and the Client has requested Services for each loan, the Fees for Services will be increased by \$0 per additional loan.

#### 3.1 Client Trust Account.

The payment received by Client in conjunction with the signed Agreement and required documents shall be held within a Trust Account. Fees will be released from this account upon completion of Services which is delineated as the time in which Company receives a Lender Loss Mitigation Option regarding the Client's case file.

#### 3.2 Discharge and Withdrawal.

Client may discharge Company at any time upon written notice to said Company. Company may withdraw from representation of Client for good cause and upon reasonable notice to Client. Notwithstanding Company's withdrawal of Client's notice of discharge, and without regard to reasons for the discharge or withdrawal, Client will remain obligated to pay Company for all costs incurred prior to the termination, subject to the refund policy of Company.

**3.3 Refund Policy.**

In the case of a Lender or Loan Servicer's inability or unwillingness to negotiate or modify Client's current financial obligation structure, Company will return to Client 0% of the \$500 Commencement Fee payment for that Lender, along with 0% of Commencement Fee collected for Services related to an additional Lender.

In the case of termination of Agreement by Client or Company's initiative during the Services and prior to receipt of a Lender Loss Mitigation Option letter, Client will be refunded 0% of the entire Commencement Fee.

Upon receipt of a Lender Loss Mitigation Option letter from the Lender or Loan Servicer, and presentation of said letter to Client where applicable, the Services will have been fully performed by Company and no refund will be issued from Commencement Fee without good cause.

**4. Client Advised to Seek Counsel.**

By virtue of his/her signature hereunder, Client acknowledges that he/she understands that COMPANY IS NOT A LAW FIRM AND ITS EMPLOYEES AND AGENTS ARE NOT ALLOWED TO GIVE OR PROVIDE ANY LEGAL ADVICE. Company retains an in-house licensed attorney and/or outside retained counsel to assist in the services described above. Said attorney(s) is NOT being hired to represent Client in legal matters, in any court proceeding, lawsuit, bankruptcy, foreclosure intervention, or to provide tax advice. Company's attorney(s) will NOT represent the Client directly without a separate retainer agreement. Should litigation with respect to the subject mortgage(s) be one of the options presented to Client, Client is advised that Company will NOT represent Client, and the attorney(s) retained by Company will NOT represent Client without a separate retainer agreement.

*Client is advised to seek independent legal advice before entering into this or any other contract with Company or other third parties and prior to acting on any recommendation provided to Client by Company.*

**5. Gender.**

Whenever used in this Agreement, the singular shall include the plural, the plural shall include the singular, and the gender-neutral shall include male and female as well as a trust, company, corporation, or other legal domestic or foreign entity as the context and meaning of this Agreement may require.

**6. Headings.**

The paragraph titles and headings contained in this Agreement are inserted as a matter of convenience and for ease of reference only, and shall be disregarded for all other purposes including the construction or enforcement of this Agreement or any of its provisions.

**7. Cross-references.**

All cross-references in this Agreement, unless specifically directed to another agreement or document, refer to provisions in this Agreement only, and shall not be deemed to be references to any other agreements or documents.

**8. Time is of the Essence.**

Time is of the essence with respect to every provision of this Agreement that specifies a time for performance.

**9. Facsimile Signatures.**

The parties mutually understand and agree that signatures of a facsimile copy of this Agreement shall be deemed an original for all lawfully enforceable purposes.

**10. Agreement to Arbitrate.**

The parties hereto, expressly agree to binding arbitration for any and all disputes that may arise between them concerning the performance of this contract with any recognized California Arbitration Service. Said arbitration shall be the exclusive venue for seeking legal redress. The arbitration hearing shall be conducted pursuant to the California Rules of Evidence, and shall occur in California. Parties agree to equally share the initial cost of any such arbitration. Attorney's fees and costs shall be awarded to the prevailing party.

**11. Entire Agreement.**

This Agreement constitutes the entire agreement between the parties. Company makes no warranty, express or implied, as to the fitness of any recommendation it may make to Client arising out of this Agreement. Except for cause, Client unconditionally waives any right of action against Company, its officers, directors, employees, agents and assigns, at law, in equity or any other cause of action for any reason directly, indirectly or proximately believed to have arisen out of this Agreement, for any damages of any nature whatsoever that Client may incur by reason of Client following any recommendation of Company or by Client's failure to follow any recommendaton of Company. This Agreement shall only be construed and enforced under the laws of the State of California.

11.1 Counterpart Execution.

This contract may be executed in one or more counterparts, each of which shall be deemed an original component, but all of which together shall constitute the entire Agreement.

12. Severability.

If any provision of this Agreement is held to be unenforceable for any reason, the remainder of that provision and of the entire Agreement will be severable and remain in effect.

13. Modification.

This Agreement may be modified by subsequent agreement of the parties only by a written instrument signed by both parties.

14. Agreement Received.

By virtue of their signatures below, Client acknowledges that Client has read, understood and agrees to every term, covenant and condition of this Agreement and that Client has received a true and complete copy hereof, effective the date first above written.

Authorized Representative of Company: MIKO DELROSARIO

X 1/19/2010

X 1/19/2010

MICHAEL JAMES

You, the Owner, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached Notice of Cancellation form for an explanation of this right.

# YOUR COMPANY NAME

## REQUIRED DOCUMENTATION CHECKLIST

*In order to process your request for loss mitigation we will need the following documentation:*

- **RETAINER AGREEMENT:** Needed in order for Attorney to proceed with negotiation.
  - **PAYMENT AUTHORIZATION:** For Negotiation process.
  - **APPLICATION:** This will help your lender understand your current profile and establish your ability to pay your current mortgage or repay a modified mortgage.
  - **HARDSHIP LETTER:** Your lender wants to understand what the problem was that caused the delinquency and how you have solved or intend to solve the problem. In other words, explain what caused the problem and why it won't happen again. It should be a DETAILED letter. Note that we will consider this letter a DRAFT and will help you if necessary.
  - **TAX RETURNS:** We only need complete copies of the last two years of your Federal Income Tax returns. If you have not filed for last year, please include a copy of the extension and a brief note explaining why you have not filed.
- PAY STUBS/OTHER INCOME:** Copies of your last two months paycheck stubs. If you are self-employed include a profit and loss statement for the last six months and bank statements for your business accounts for the last six months. If you have rented a room(s) in your home, the lender will require a rental agreement. Verification of any other source of income.
- **BANK STATEMENTS:** Copies of all bank statements for all open accounts for the last two months. (Includes 401k, IRA, etc...)
  - **COPIES OF ALL BILLS:** A copy of monthly statements of all household bills, utility bills (electric, gas, water, etc...), insurance bills (car, home, health, etc...) and any other outstanding liabilities you pay.
  - **AUTHORIZATION FORM/AUTHORIZATION TO RUN CREDIT BY LENDER:** These forms allow us to communicate with your lenders. The second authorization allows the lender to verify information on your application.(Credit Authorization when applicable)
  - **LEGAL NOTICES:** Copies of all legal notices you have received from your lender(s). Be sure to give us complete information about your lender(s). For example, copies of correspondence you received, address, phone number and name of any individual with whom you have discussed this matter.

I/We, MICHAEL JAMES understand that the information that is needed to provide a complete assessment to my/our mitigation or loan modification process is indicated above. I/We understand that without the complete information requested above, Your Company Name cannot assist me/us with the assessment, processing, and negotiation of our loan. I/We understand that the lender's right to the foreclosure process is not negated by the mere submission of my/our loss mitigation package.

MICHAEL JAMES

Print Name

Print Name

1/19/2010

Signature

Date

1/19/2010

Signature

Date