



CASCADE

Serving **The American Dream** Through Affordable Home Ownership

You may qualify for assistance!

We understand that circumstances can change and that anyone can find themselves in financial hardship. When you apply for mortgage assistance, we'll work with you to explore all your options and help you understand if there's an assistance program that suits your situation.

Enclosed is the Mortgage Assistance Form. **In addition to completing the application, please provide the required income documentation according to your income type listed on page 4 of this packet.**

Please complete and return to Cascade as soon as possible so that we can expedite your review process.

*** In providing your mobile phone number, you are granting us permission to contact you at that number about your loan(s) with us. Your consent allows us to use text messaging, artificial or prerecorded voice messages, and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your loan(s) with us. Message and data rates may apply. You may contact us anytime to withdraw this consent.**

NOTE: Any original documents provided will not be returned and photos of documents are not accepted. **The documents listed may be returned to us via one of the methods below:**

Regular Mail:

Cascade Financial Services
Attn: Loss Mitigation
P.O. Box 15035
Chandler, AZ 85244

FAX:

(480) 821-6524
ATTN: Loss Mitigation

Email:

LMdocs@cascadeloans.com

Credit reporting will continue throughout the review process if the account remains in default.

If you have any questions or need help, please call your loan counselor at (866) 939-5581. Our office hours are Monday through Friday, from 7:00 AM to 5:00 PM MST.

This Communication is an attempt to collect a debt and any information obtained will be used for that purpose, unless you are in active bankruptcy or have had your debt discharged in bankruptcy, in which case this communication is being provided for informational purposes only.

Loan Number: _____

MORTGAGE ASSISTANCE APPLICATION

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Cascade Financial Services ATTENTION: Loss Mitigation via mail: P.O.BOX 15035; CHANDLER, AZ 85244, FAX (480) 821-6524, or online: LMdocs@cascadeloans.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Cascade Financial Services at (866)-939-5581.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal governments agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855)411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's Name: _____

Social Security Number (last 4 digits): _____

E-mail Address: _____

Primary Phone Number: _____ Cell Home Work Other

Alternate Phone Number: _____ Cell Home Work Other

Co-Borrower's Name:

Social Security Number (last 4 digits): _____

E-mail Address: _____

Primary Phone Number: _____ Cell Home Work Other

Alternate Phone Number: _____ Cell Home Work Other

Preferred Contact Method (choose all that apply): Cell Home Work E-mail Text – checking this box indicates your consent for text messaging.

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of the death? Yes No

Property Information

Property Address: _____

Mailing Address (if different from property address): _____

The property is currently: A Primary Residence A Second Home An Investment

The property is: Owner-Occupied Renter-Occupied Vacant

I want to: Keep the property Transfer ownership of the property to my servicer Sell the property Undecided

Is the property listed for sale? Yes No – If Yes, provide the listing agent's name and phone number – or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowner's association (HOA) fees? Yes No

▪ If yes, indicate monthly dues: \$ _____

Loan Number: _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (under 6 months) Long-term or permanent (greater than 6 months) Resolved as of (date) _____

Type of Hardship (Check All That Apply)	Required Hardship Documentation
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> • Not Required
<input type="checkbox"/> Reduction income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g. elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> • Not Required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g. uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> • Not Required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> • Not Required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> • Written statement from the borrower, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> • Final divorce decree or final separation agreement OR • Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> • Recorded quitclaim deed OR • Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> • Death Certificate OR • Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> • For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. • For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND • Documentation that reflects the amount of an relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above: <hr/> <hr/>	<ul style="list-style-type: none"> • Written explanation describing the details of the hardship and any relevant documentation

Loan Number: _____

Borrower Income

Please enter all borrower income amounts in middle column.

Monthly Total Borrower Income Type	Amount	Required Income Documentation
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> Most recent pay stub and documentation of year-to-date earnings if not on paystub OR Two most recent bank statements showing income deposit amounts
Self-Employment Income	\$	<ul style="list-style-type: none"> Two most recent bank statements showing self-employed income deposit amounts OR Most recent signed and dated quarterly or year-to-date profit/loss statement OR Most recent complete and signed business tax return OR Most recent complete and signed individual federal income tax return
Unemployment Benefit Income	\$	<ul style="list-style-type: none"> No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Non-Taxable Social Security or Disability Income	\$	<ul style="list-style-type: none"> Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Rental Income (rents received; less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks
Investment or Insurance Income	\$	<ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Current Borrower Assets

Exclude retirement funds such as 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 Plan.

Checking account(s) and cash on hand	\$
Savings, Money Market Funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Loan Number: _____

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relied I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. Personal information may include, but is not limited to: (a)my name, address, telephone number, (b)my Social Security number, (c) my credit score, (d) my income, (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of the borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*
8. I consent to being contacted up to and including daily concerning this application for mortgage assistance.

*An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to Cascade Financial Services via mail: Attention: Loss Mitigation; P.O. Box 15035; Chandler, AZ 85244, Fax: (480) 821-6524, E-mail: LMdocs@cascadeloans.com; or online: www.cascadeloans.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive.