



Borrower Response Package Directions Mortgage Assistance Request Form Follows

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for loss mitigation or foreclosure alternatives. You must disclose information about all of your income, expenses, and assets. It is important that you complete the application in full and supply all required supporting documentation. Please return your completed form within 5 days of receipt.

You may complete the Borrower Response Package, including the Mortgage Assistance Request Form, online through www.mccuemortgage.com/help.

Aviso Importante Para Las Personas Que Hablan Espanol:

Este paquete de ayuda es muy importante y puede afectar su capacidad de seguir viviendo en su casa. Si usted no entiende el contenido del paquete, por favor solicite y obtenga una traducción en español inmediata. O, si prefiere, llámenos a McCue Mortgage para que podamos ayudarles inmediatamente.

1. REVIEW THE FOLLOWING INFORMATION TO HELP YOU UNDERSTAND YOUR OPTIONS, RESPONSIBILITIES, AND NEXT STEPS

- [Frequently Asked Questions](#)
- [Foreclosure Rescue Scam Information](#)
- [Mortgage Crisis Job Training](#)

This information can be found online at www.mccuemortgage.com/help.

2. COMPLETE AND SIGN THE MORTGAGE ASSISTANCE REQUEST FORM

- The form must be signed by all borrowers on the mortgage (notarization is not required) with each borrower's acknowledgement and agreement that all information that you provide is true and accurate.
- A signed explanation of financial hardship that makes it difficult to pay the mortgage
Please use the space provided.
- Third Party Authorization Form if applicable.

3. REQUIRED INCOME, ASSETS, & HARDSHIP DOCUMENTATION CHECKLIST

TAX RETURNS

- A **tax return copy** is required for all borrowers regardless of the source of income. Provide a copy of the most recent tax return for each borrower. If filing jointly, provide the joint return, including all schedules. If you have not filed the most recent year's tax return, provide a copy of the most recent year for which filing has been completed. If you cannot locate your most recent tax return, you may request a free transcript from the IRS at <http://www.irs.gov/> or by calling 1 (800) 908-9946.

INCOME

- For each borrower who is a **salaried employee or hourly wage earner**, provide the two most recent paystubs that reflect at least 30 days of year-to-date earnings for each borrower. Include reliable third-party documentation describing the amount and nature of the income for "Other Earned Income" such as: overtime, bonuses, commissions, housing allowance, or tips (e.g. employment contract or printouts documenting tip income).
- For each borrower who receives **self-employed income**: provide a complete, signed individual federal income tax return and, as applicable, the business tax return; **AND** either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; **OR** copies of bank statements for the business account for the last two months evidencing continuation of business activity
- For each borrower who receives **unemployment income**, provide last two unemployment checks or deposits. If you do not have copies of your unemployment checks you can perform a claim inquiry to access your records online at <https://iic3.ctdol.state.ct.us/welcome.aspx>
- For each borrower who receives **Social Security, disability or death benefits, pension, public assistance or adoption assistance**, provide documentation showing the amount and frequency of the benefits such as: letters, exhibits, disability policy, or benefits statement from the provider and documentation showing receipt of the payment, such as two most recent bank statements.
- For each borrower who receives **rental income**, provide a copy of your most recent federal tax return with all schedules, including Schedule E- Supplemental Income & Loss. Rental Income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property if applicable **OR** if rental income is not reported on Schedule E, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.
- For each borrower who receives **alimony, child support or separation maintenance payments as qualifying income***, provide a copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, **AND** copies of your two most recent bank statements or other third party documents showing receipt of payments.
- *NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

Note: You may also disclose any income from a household member who is not on the promissory note (non-borrower), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you elect to disclose and rely upon this income to qualify, the required income documentation is the same as the income documentation required for a borrower.

ASSETS

- For each borrower, copies of your **last two checking and savings accounts**. An online printout for is acceptable as long as the web address for your bank or credit union is either at the top or bottom of the printed page, and we can verify the ownership of that account from the printouts supplied. A copy of your latest investment account statement which can also be used to document investment income.

HARDSHIP

- Divorce or legal separation**
Copy of divorce decree, signed by the court OR separation agreement, signed by the court OR current credit report evidencing divorce, separation or non-occupying borrower has different address
- Death of Borrower or primary or secondary wage earner in the household**
Death Certificate
- Long Term or Permanent Disability; Serious illness of a borrower/co-borrower or dependent**
Doctor's certificate of illness or disability OR Medical Bills OR proof of monthly insurance benefits or government assistance (if applicable)
- Disaster (natural or man-made) which adversely impacts the property or Borrower's place of employment**
Insurance claim OR Federal Emergency Management Agency grant or Small Business Administration loan OR proof of monthly insurance benefits or government assistance (if applicable)
- Distant Employment Transfer**
Written employer notification OR Military Service Orders
- Business Failure**
Tax Return from previous year (including all schedules) AND proof of business failure supporting by one of the following OR Bankruptcy filing on the business OR two months most recent bank statements for the business account evidencing cessation of business activity OR most recent signed and dated quarterly of year to date profit and loss statement

4. GATHER AND SEND COMPLETED DOCUMENTS – Your Borrower Response Package
You must send in all required documentation listed above and summarized below:

- 1. **Signed Borrower Assistance Form**
- 2. **Income Documentation**
- 3. **Asset Documentation**
- 4. **Hardship Documentation**
- 5. **Tax Returns**
- 6. **Form 4506T-EZ**

Please mail all documents above to us:

McCue Mortgage

Attn: Loss Mitigation

P.O. Box 1000 1 Liberty Square

New Britain, CT 06050-1000

Online Users: If you complete the Mortgage Assistance Request Form **online**, you will have the option to upload your documentation. If you are unable to upload the entirety of your documentation, you may send it to us by mail. Please make a note of this.

Note: Important Reminders:

If you cannot provide the documentation within the time frame provided, have other types of income not specified on Page 2 of the Borrower Assistance Form, cannot locate some or all of the required documents, OR have any questions, please **contact us at 800-382-0017**.

Keep a copy of all documents and proof of mailing for your records. **Don't send original** income or hardship documents. Copies are acceptable.

**Continue on to complete the
Mortgage Assistance Request Form**





**MORTGAGE ASSISTANCE REQUEST FORM
REQUIRED BORROWER INFORMATION**

(Please use a pen and print clearly.)	BORROWER	CO-BORROWER
Loan Number:		
Name:		
Social Security Number:		
Property Address, City, State, Zip:		
Current Mailing Address, City, State, Zip (if different):		
Home Phone:		
Business Phone:		
Cell Phone:		
Email Address:		
Number of Dependents: (excluding borrower)		
I want to: <input type="checkbox"/> Keep the property <input type="checkbox"/> Sell the property		
Property Information: <input type="checkbox"/> Condo <input type="checkbox"/> Single Family <input type="checkbox"/> _____ Family	<input type="checkbox"/> Borrower Occupied <input type="checkbox"/> Tenant Occupied* <input type="checkbox"/> Occupied by Other* <input type="checkbox"/> Vacant	*Occupant if property is not borrower occupied: _____ Supply copy of Lease or written statement of rental agreement
Is your home actively covered by hazard/homeowner's insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Property is vacant and/or non-owner occupied, have you confirmed that your current homeowner's policy will still provide coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____ _____ _____
Briefly describe the condition of your Property:	<input type="checkbox"/> Damaged <input type="checkbox"/> Fair <input type="checkbox"/> Excellent	
Have you filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide related information:	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Case Number: _____ Discharge Date: _____	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Case Number: _____ Discharge Date: _____



Have you spoken with a credit or housing counseling agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide supply contact information and complete the third party authorization form enclosed in this package if you wish us to discuss your request for assistance with them:	
Counseling Agency Contact:	Agency Name: _____ Counselor's name: _____ Counselor's phone number: _____ Counselor's email address: _____		
MONTHLY INCOME (Please note all sources of income that you wish to have considered for repaying this loan.)			
	BORROWER	CO-BORROWER	CONTRIBUTING HOUSEHOLD MEMBER
Are you Employed?	Y or N	Y or N	Y or N
Self-Employed?	Y or N	Y or N	Y or N
Employer's Name, Address, and Telephone:			
Position Held:			
Work Hours:			
Length of Employment:			
Monthly Gross Wages:			
Overtime:			
Unemployment Income:			
Tips, commissions, bonus, or self-employment income:			
Child support*:			
Alimony*:			
Food stamps:			
Welfare:			
Non-taxable social security/SSDI:			
Taxable SS benefits, other monthly income from annuities, retirement plans:			
Rental income:			
Other:			
Total Gross Income by Contributor:	\$	\$	\$
Total Gross Monthly Income All Sources:		\$	



MONTHLY EXPENSES

Description of Expense	Total Monthly Payment	Balance Due	Months Delinquent
First Mortgage Payment or Rent Expense	\$	\$	
Second Mortgage? Y or N Name of Creditor:	\$	\$	
Down Payment Assistance Loan? Y or N Name of Creditor:	\$	\$	
Other Loans/Liens on this Property? Y or N Name of Creditor:	\$	\$	
Condo/homeowner association fees? Y or N <i>Please note special assessments if applicable</i>	\$	\$	
Total Housing Payments:	\$		

Provide the name, address, & phone number of the company to which your Condo or HOA fees are paid:

Vehicle Expenses: Loans/Leases

Year	Make	Value	Creditor	Total Monthly Payment	Balance Due	Months Delinquent
				\$	\$	
				\$	\$	
				\$	\$	
Total Monthly Vehicle Payments:				\$		

Credit Cards

(Please use an additional page if needed.)

Name of Creditor	Total Monthly Payment	Balance Due	Months Delinquent
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Total Monthly Credit Card Payments:	\$		

(Expenses continued on reverse)



Household Expenses			
Description of Expense	Total Monthly Payment	Balance Due	Months Delinquent
Utilities:			
1. Heating/Cooling	\$	\$	
2. Electricity/Gas/Other	\$	\$	
3. Water/Sewer	\$	\$	
Health/Life Insurance (not deducted from paycheck)	\$	\$	
Medical Expense (including prescription drugs, etc.)	\$	\$	
Food:	\$	\$	
Cable TV, Internet:	\$	\$	
Phones:	\$	\$	
Child Care:	\$	\$	
Charitable Donations:	\$	\$	
Gas, Parking:	\$	\$	
Auto Maintenance:	\$	\$	
Auto Insurance:	\$	\$	
Other (specify):	\$	\$	
Other (specify):	\$	\$	
Other (specify):	\$	\$	
Total General Monthly Expenses:			\$
Other Expenses			
Description of Expense	Total Monthly Payment	Balance Due	Months Delinquent
Student Loan payment(s):	\$	\$	
Alimony payment: Date terminates: _____	\$	\$	
Child support payment: Date terminates: _____	\$	\$	
Total Additional Monthly Expenses:	\$		
TOTAL MONTHLY EXPENSES FOR THE HOUSEHOLD:		\$	



ASSETS			
(Please use an additional page if needed.)			
Description	Account Holder (Borrower, Co-borrower, Joint)	Bank/Deposit Institution	Balance
Checking Accounts (List)			\$
Savings (List)			\$
Retirement Accounts (List) (401K, IRA, etc.)			\$
Stocks, Bonds, Money Market (List)			\$
Other (specify)			\$
Other (specify)			\$
Other (specify)			\$
Total Assets for the Household			\$

(Please continue to the reverse page to complete the Hardship Statement.)



INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. For race, you may check more than one designation. If you do not wish to furnish the information, please check the box below.

Borrower		Co-Borrower	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
To be completed by McCue Mortgage			
<i>This request was taken by:</i> <input type="checkbox"/> Face-to-Face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<i>Servicer/Interviewer's Name:</i> _____ <i>Servicer/Interviewer's Signature:</i> _____ <i>Servicer/Interviewer's Phone #:</i> 1-800-382-0017 x197 <i>Servicer/Interviewer's Fax #:</i> 860-826-6508	<i>Name/Address of Interviewer's Employer:</i> The McCue Mortgage Company P.O. Box 1000 One Liberty Square New Britain, CT 06050-1000 <i>Servicer/Interviewer's email address:</i> loss_mitigation@mccuemortgage.com	
<i>Loan Number:</i> _____			

THIRD PARTY ASSISTANCE

McCue Mortgage highly recommends working with an **experienced real estate agent** to assist with valuing your property and advising you on disposition options for your home. Please indicate if you authorize McCue Mortgage to share your contact information with an experienced real estate agent that can help you:

- Yes**
- No**, please review this option with me again, if the disposition of my home is my only option.

Alternatively, you may qualify for the **Emergency Mortgage Assistance Program (EMAP)** administered by the Connecticut Housing Finance Authority (CHFA). Contact the CHFA Call Center at (877) 571-2432 for more information.



CONSENT AND CERTIFICATION STATEMENT

1. I certify that all of the information in this Mortgage Assistance Request Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.

2. I understand and acknowledge that the Servicer, owner and/or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.

3. I understand the Servicer may obtain a current credit report on all borrowers obligated on the loan, to investigate each borrower's eligibility for assistance and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. This may include, without limitation, multiple credit reports, and may be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.

4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud, or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.

5. I certify that my property is a habitable residential property has not received a condemnation notice.

6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that **time is of the essence**.

7. I understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but the 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.

8. I am willing to commit to credit counseling.

9. If I am eligible for a mortgage assistance plan and I accept and agree to all terms of such plan, I also agree that the terms of this Statement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment, if required, following my Servicer's determination and notification of my eligibility or prequalification for assistance may, at my Servicer's option, serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.

10. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.

11. If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.

12. I understand that the Servicer will collect and record personal information that I submit in this Mortgage Assistance Request Form and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.

13. I consent to being contacted concerning this request for mortgage assistance at any email address, cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature: _____

Date: _____

Co-Borrower Signature: _____

Date: _____



THIRD PARTY AUTHORIZATION

We/I give McCue Mortgage Company my permission to discuss our/my mortgage with the following persons that are not on the Note or Mortgage. You are authorized to discuss all aspects of my application for mortgage assistance including:

- Loan status
- Account balance
- Legal account status (which may include use of terms such as "current", "delinquent", "referred to foreclosure", "in foreclosure", "in mediation", "in bankruptcy", etc.)
- An indication of whether our/my request for assistance is complete or incomplete
- An indication of whether our/my request qualifies us/me for mortgage assistance or foreclosure prevention options
- Any information we/I have disclosed or provided in conjunction with our/my request for mortgage assistance

We/I have supplied a list of people with whom McCue may share any of the above information. We/I include the listed person's relationship where applicable (spouse, family member, real estate agent, mortgage or credit counselor, debt negotiator, attorney, etc.).

<u>Name(s)</u>	<u>Relationship</u>	<u>Phone/Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Borrower Name (Print)	Signature	Date
_____	_____	_____
Co-Borrower Name (Print)	Signature	Date