

# HARDSHIP ASSISTANCE PACKAGE

## Please bring in copies of:

- 2 recent consecutive pay stubs, or
- 2 consecutive months of bank statements
- 2 recent tax returns

CITI LOAN NUMBER

## Part A - Borrower Information

Borrower Name		Social Security Number		Co-Borrower Name		Social Security Number	
Borrower Phone No. Day (      ) _____ Evening (      ) _____ Cell (      ) _____				Co-Borrower Phone No. Day (      ) _____ Evening (      ) _____ Cell (      ) _____			
Property Address: Street _____ _____ City, State, Zip Code _____				Mailing Address (if applicable): Street _____ _____ City, State, Zip Code _____			
Email Address				Email Address			
Employer (Current)		Position		Employer (Current)		Position	
Years on Job		Employer Phone		Years on Job		Employer Phone	
If in current job for less than 5 years, enter your previous employer information below.							
Employer (Previous)		Position		Employer (Previous)		Position	
Years on Job		Employer Phone		Years on Job		Employer Phone	

## PART B Property Information

Property for SALE?		Property for RENT?		
List Date/Price		Monthly Rent	Monthly Last Paid	Date Lease Expires
Realtor Name				
Realtor Phone				

## PART C Monthly Income

DESCRIPTION (MONTHLY)	
1. Gross Salary/Wages	
2. Other Income	
3. Other Additional Income (SSI, Rental, Second Job, Child Support)	
4. Total Net Income	

## PART D Assets

DESCRIPTION (MONTHLY)	Borrower	Co-Borrower	Total
1. Cash/Checking	\$	\$	\$
2. 401(k)	\$	\$	\$
3. Savings	\$	\$	\$

## PART E Monthly Expenses

DESCRIPTION (MONTHLY)	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Rent Payment (if owner not occupying subject property)	\$	\$	
3. Maintenance/Homeowners Association Fees	\$	\$	
4. Property Taxes	\$	\$	
5. Homeowners Insurance/Flood Insurance	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Other Loans	\$	\$	
9. Credit Cards (minimum payment)	\$	\$	
10. Alimony/Child Support	\$	\$	
11. Child/Dependent Care	\$	\$	
12. Utilities (water, electricity, gas, cable, etc.)	\$	\$	
13. Telephone (landline and cell phone)	\$	\$	
14. Insurance (automobile, health, life)	\$	\$	
15. Medical Expenses (uninsured)	\$	\$	
16. Car Expenses (gas, maintenance, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other (explain)	\$	\$	
19. Other (explain)	\$	\$	
<b>Total</b>	\$	\$	

## PART F General Questions

QUESTIONS		Yes	No
1. Do you occupy this mortgaged property as a Primary Residence?			
If you answered "Yes" to question 1, how long at this residence?		Years:	Months:
2. How many people in the household?			
3. Any dependents under the age of 18? If "Yes," how many?			
4. Do you have any other debts or obligations secured by this property? (Example: second mortgage, home equity loan, judgments or liens)			
If you answered "Yes" to question 4, please itemize.		Amount	
		\$	
		\$	
5. Do you own any other properties?		Amount	
How many?			
If you answered "Yes" to question 5:	Monthly Payment: \$	Principal Balance: \$	
	Rental Income: \$	Vacant?	
6. What is the amount of funds you immediately have available to apply toward your mortgage delinquency?			
7. In addition to the amount stated above, what amount will you have available in 30 days?			

## PART F General Questions (Cont'd)

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default:

(If needed, attach a separate sheet of paper for explanation.)

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What is your proposal for repaying the arrearage?

INSTRUCTIONS: Please try to complete as many of the questions as possible. Additional information may be necessary and Citi will need to speak with you during the assistance process.

## Authorization to Release Information

IN ADDITION TO THIS FINANCIAL STATEMENT AND ITS ATTACHMENTS, THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THE SITUATION THOROUGHLY, SUCH AS:

1. ORDERING CREDIT REPORTS
2. VERIFYING BANK ACCOUNTS IN THIS DISCLOSURE
3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STATED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN WHICH WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN, I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY MORTGAGE LOAN.

Borrower Signature

Date

Borrower Signature

Date

### AUTHORIZATION TO RELEASE INFORMATION

I/WE HEREBY AUTHORIZE YOU TO RELEASE TO \_\_\_\_\_

ANY AND ALL INFORMATION THEY MAY REQUIRE FOR THE PURPOSE OF A CREDIT TRANSACTION.

THANK YOU.

Borrower Signature

Date

Borrower Signature

Date

Social Security Number

Social Security Number

### FOR INTERNAL USE ONLY

☐ Citi Residential Lending    ☐ CitiMortgage    ☐ CitiFinancial    ☐ Other: \_\_\_\_\_

☐ Spanish speaking preferred

# of payments due \_\_\_\_\_ Is a foreclosure date set? \_\_\_\_\_

How did you hear of this Office of Homeownership Preservation Event?

☐ Letter    ☐ Media    ☐ Advocacy Group    ☐ Call Campaign    ☐ Other: \_\_\_\_\_

Have you applied for State assistance? If so, name of program: \_\_\_\_\_

Status of application: \_\_\_\_\_

Are you a union member? \_\_\_\_\_ If so, name of union: \_\_\_\_\_

#### Hardship:

- |  |   |
|--|---|
| <input type="checkbox"/> Disability            | <input type="checkbox"/> Loss of Income           |
| <input type="checkbox"/> Divorce               | <input type="checkbox"/> Loss of Job              |
| <input type="checkbox"/> Death                 | <input type="checkbox"/> Military Service         |
| <input type="checkbox"/> Excessive Obligations | <input type="checkbox"/> Natural Disaster         |
| <input type="checkbox"/> Illness               | <input type="checkbox"/> Property Insurance Issue |
| <input type="checkbox"/> Interest Adjustment   | <input type="checkbox"/> Property Tax Issue       |
|  | <input type="checkbox"/> Other: _____             |

#### Proposed Resolution:

- |   |
|---|
| <input type="checkbox"/> Adjustment of loan terms                                 |
| <input type="checkbox"/> Borrowers Current / Program Inquiry                      |
| <input type="checkbox"/> Currently working with HRG                               |
| <input type="checkbox"/> Forbearance Plan   |
| <input type="checkbox"/> Not Qualified for CRLI Programs                          |
| <input type="checkbox"/> Non-borrower 3rd Party Representative                    |
| <input type="checkbox"/> Other (SCRA, BK, REO, Legal, Redemption, Discharged BK7) |
| <input type="checkbox"/> Repayment Plan   |
| <input type="checkbox"/> Review for Deed in Lieu                                  |
| <input type="checkbox"/> Short Sale   |

Notes:

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## FAX COVER SHEET

### Sender's Information

### Receiver's Information

Name:	To: <b>Citi</b>
Telephone:	Fax:
Number of Pages:	Loan #

### Required Information

- ☐ Signed and dated Hardship Letter
- ☐ 2 months of paystubs for: \_\_\_\_\_
- ☐ The last 2 recent W-2 Forms
- ☐ Current complete 1040s
- ☐ Year-to-Date Profit and Loss Statement for Self-Employed Borrowers
- ☐ Social Security Income (Award Letter) for: \_\_\_\_\_
- ☐ Spousal and/or Child Support Income
- ☐ Supplemental Income or other: \_\_\_\_\_
- ☐ Complete bank statements for the last two months
- ☐ Current Homeowners Insurance Policy
- ☐ Current and/or Delinquent Property Tax Information
- ☐ Rental Agreement(s), Purchase Agreements

Please fax or mail the required documentation to:

**CitiMortgage or CitiFinancial**

Attn: Office of Homeownership Preservation  
14415 S. 50th Street, Suite 100  
Phoenix, AZ 85044  
Phone (866) 915- 9417  
Fax (480) 753-7832

**Note: Please reference your loan number on your documentation**