

Financial Information Form

The following pages to be completed by homeowner

BORROWER	CO-BORROWER
Borrower's Name	Co-Borrower's Name
Social Security Number [][]-[][]-[][][][]	Social Security Number [][]-[][]-[][][][]
Date of Birth [][]/[][]/[][][][]	Date of Birth [][]/[][]/[][][][]
Phone Number With Area Code [][][]-[][][][]-[][][][]	Phone Number With Area Code [][][]-[][][][]-[][][][]
Email Address	Email Address
Mailing Address	
Property Address (If Same As Mailing Address, Write Same)	
Employer	Employer
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent's Name: _____ Agent's Phone Number: _____ Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Offer _____ Amount of Offer \$ _____	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____
Who pays the real estate tax bill on your property? _____ Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Paid to: _____	Who pays the hazard insurance policy for your property? _____ Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of People in the Household _____	
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number _____ Attorney _____	
List Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service _____ Balance _____ Contact Number _____ Loan Number _____	

INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
<p>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. For race, you may check more than one designation. 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 or grant in person. If you do not wish to furnish the information, please check the box below.</p>			
BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<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"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

INCOME/EXPENSES FOR HOUSEHOLD									
1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt				
	Borrower 1	Borrower 2	Estimated Value of this Property	\$	First Mortgage Payment	\$			
Gross Salary/Wages Gross Salary/Wages = total monthly income before any tax withholding or employer deductions.	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Estimated Value of Other Real Estate Owned	\$	Alimony Payment	\$			
	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1st & 15th/15th & 30th <input type="checkbox"/> Per Job	Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1st & 15th/15th & 30th <input type="checkbox"/> Per Job	Checking Account(s) Balance	\$	Child Support Payment	\$			
			Saving Account(s)/Money Market Balance	\$	Dependent Care Payment	\$			
			Life Insurance Cash Value	\$	Liens/Rents	\$			
			IRA/Keogh Account(s) Balance	\$	Other Mortgages	\$			
			401K/ESOP Account(s) Balance	\$	Personal Loans/Student Loans	\$			
			Stocks/Bonds/CDs Balance	\$	Auto Loans	\$			
			Self employed	\$	\$	Other Investments	\$	Auto Expenses/Gasoline	\$
			Overtime	\$	\$		Auto Insurance	\$	
			Child Support Income/Alimony Income*	\$	\$		Medical Expenses	\$	
Social Security/SSDI	\$	\$	Medical Insurance	\$					
Other monthly income from pensions, annuities or retirement plans	\$	\$	HOA/Condo Fees	\$					
Tips, commissions, and/or bonus income	\$	\$	Phone(s)/Cable/Internet	\$					
Rental income	\$	\$	Credit Card(s)/ Installment Loans	\$					
Unemployment Income	\$	\$	Groceries/Household Supplies	\$					
Food Stamps/Welfare	\$	\$	Spending Money	\$					
Other (investment, income, royalties, interest, dividends, etc.)	\$	\$	Utilities/Water/Sewer	\$					
					Donations	\$			
					Property Taxes (If not escrowed)	\$			
					Insurance – Hazard, Wind, Flood etc. (If not escrowed)	\$			
					Other _____	\$			
Total Income (Gross)	\$ 0.00	\$ 0.00	Total Assets	\$ 0.00	Total Debt/Expenses	\$ 0.00			

**** ALL INCOME MUST BE DOCUMENTED ****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered by your lender/servicer.

If additional space is needed, please include an additional page.

ACKNOWLEDGMENT AND AGREEMENT

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request assistance.
2. I/we understand that Rhode Island Housing may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
3. I/we understand that Rhode Island Housing will pull a current credit report on all obligated borrowers.
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 document, Rhode Island Housing may cancel any assistance.
5. I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage.
6. I/we certify that I/we will seek debt management counseling through a HUD approved counseling agency, if it is determined that my/our financial hardship is related to excessive debt.
7. I/we am willing to provide all requested documents and to respond to all Rhode Island Housing questions in a timely manner.
8. I/we understand that Rhode Island Housing will use the information in this document to evaluate my/our eligibility for assistance, but Rhode Island Housing is not obligated to offer me/us assistance based solely on the statements in this document.
9. I/we understand that Rhode Island Housing will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information by Rhode Island Housing to (a) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); and (b) any HUD certified housing counselor.
10. My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
 My/Our property is not owner occupied.

Borrower Signature

Date

Co-Borrower Signature

Date

Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

Loss Mitigation Document Checklist
(Please see the Important Information Section Below *)

If you are a Salaried Employee (please provide the following for each borrower on the loan):

- Copy of two (2) months most recent pay stubs
- Copy of all pages of the two (2) most recent and consecutive bank statements for all accounts in each borrower's name
 - Copies of transaction histories are not acceptable. Copies of actual bank statements are required.
 - Letter of explanation for each bank account deposit of \$250.00 or more (if the bank statement does not reference the source of funds)
- Copy of all pages of the two (2) most recent and consecutive Federal 1040s
 - Include all schedules, W2s and 1099 forms (if applicable)
 - Include only those forms that indicate "attach to 1040" at the top of the page. Do not include and forms marked "Worksheet" or "Keep for your Records."

If you are receiving income from Benefits (please provide the following for each borrower on the loan):

- Copy of the most recent award letter received from Social Security, Disability, Pension, Workman's Compensation, Unemployment, etc.
- Copy of all pages of the two (2) most recent and consecutive bank statements and/or debit card statements to show receipt of the Benefit

If you are receiving Rental Income:

- Copy of all pages of the most recent Rental Agreement for each unit rented
- Evidence of Rental Income being received:
 - Copy of all pages of the two (2) most recent and consecutive bank statements for all accounts in each borrower's name
- Copy of mortgage statements for any mortgages on additional properties owned

If you are receiving income from a Non-Borrower Contributor (a person who resides in the property and contributes to the household income but is not on the loan):

- Signed and dated letter from each Non-Borrower Contributor to verify that they live in the property and that they contribute either a certain dollar amount or 100% of their net income to the household income.
- Two (2) months proof of income received by the contributor
 - Copy of two (2) months most recent pay stubs
 - Copy of the most recent award letter received from Social Security, Disability, Pension, Workman's Compensation, Unemployment, etc.
 - Copy of all pages of the two (2) most recent and consecutive bank statements and/or debit card statements to show receipt of the Benefit

If you are a Self-Employed Borrower (please provide the following):

- Copy of all pages of the two (2) most recent and consecutive Federal 1040s (Personal and Business, if applicable)
 - Include all schedules, W2s and 1099 forms (if applicable)
 - Include only those forms that indicate "attach to 1040" at the top of the page. Do not include and forms marked "Worksheet" or "Keep for your Records."
- Year to Date Profit and Loss Statement
 - Does not need to be completed by account/tax preparer
- Copy of all pages of the two (2) most recent and consecutive bank statements for all accounts in each borrower's name (Personal and Business, if applicable)
 - Copies of transaction histories are not acceptable. Copies of actual bank statements are required.
 - Letter of explanation for each personal bank account deposit of \$250.00 or more (if the bank statement does not reference the source of funds)

Loss Mitigation Document Checklist (continued)
(Please see the Important Information Section Below *)

If you are receiving income from Child Support and/or Alimony and it is included in the income on the application (you are not required to list child support as income):

- Copy of Executed Court Orders (as and where applicable)
 - Divorce Decree
 - Child Support and/or Alimony Support Orders
 - Copy of Birth Certificates for each child you are receiving child support for
 - Property settlement orders

If the property is a Condo or requires payment to a Homeowner's Association:

- Signed and dated Letter from the Homeowner's Association to confirm the amount of the monthly payment and the status of the account

The following items are required by all borrowers:

- Signed and dated Hardship Letter to explain the reason for default if not provided on the application
- Copy of the most recent utility bill
 - Electric Bill, Cable Bill or Gas Bill
 - Water, Sewer and Oil Bill are not acceptable
- Copy of the most recent Homeowner's Insurance Declaration's Page as provided by your insurance company or agent
- Borrower Consent to Use Tax Information Form (enclosed)

*** Important Information:**

1. **A complete file must be received in order for us to review your file. This includes the completed Financial Information Form and the supporting documentation as requested on the Loss Mitigation Document Checklist**
2. **Upon receipt of the Loss Mitigation Package, the file will be reviewed for completeness.**
 - a. **If the file is complete you will be sent a letter to advise that the file is complete and we will need 30 days to make a decision.**
 - b. **If the file is not complete you will be a sent a letter to advise of any items that are missing. You will have 14-days to provide the requested items. If the requested items are not received, within 14 days, the file will be closed and a new Loss Mitigation Package will need to be provided.**
3. **Please do not submit original documents as original documents may not be returned to you.**
4. **If you would prefer to submit your file electronically, please contact us to provide you with a secure link to use when submitting your file. Please note that the file will need to be in a PDF format as we cannot accept photos of documents.**