

Borrower Hardship Assistance Request Form

Borrower Name ("I")¹ Printed: _____
 Co-Borrower Name Printed: _____
 Property Street Address: _____
 Property City, State, Zip: _____
 Loan Number: _____

In order to be considered for a loss mitigation option, I am submitting this form to the Servicer and indicating by my checkmarks the one or more events that contribute to my difficulty making payments on my mortgage loan.

Borrower Co-Borrower

<input type="checkbox"/>	<input type="checkbox"/>	My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. If my employer has provided me an estimated return date I have provided this and other details on the following page under "Explanation."
<input type="checkbox"/>	<input type="checkbox"/>	My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, divorce or legal separation, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details on the following page under "Explanation."
<input type="checkbox"/>	<input type="checkbox"/>	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 on the following page under "Explanation."
<input type="checkbox"/>	<input type="checkbox"/>	There are other reasons I/we cannot make our mortgage payments. I have provided details on the following page under "Explanation."

1. Do you consider your hardship temporary or permanent? Temporary ___ Permanent ___
(Provide details on the following page under "Explanation.")
2. Is your hardship directly affected by COVID-19? Yes ___ No ___
(If you answer "Yes" to this question provide details on the following page under "Explanation.")
3. If your taxes and insurance are not included with your mortgage payment, can you continue to make those payments? Yes ___ No ___
(If you answer "No" to this question provide details on the following page under "Explanation.")
4. The property is my: Primary Residence ___ Second Home/Seasonal Rental ___ Investment/Rental ___
5. The property is: Owner Occupied ___ Tenant Occupied ___ Vacant ___ Other
6. Are you committed to working with Bank of Hope and resolving your payment issues? Yes ___ No ___
(If you answer "No" to this question provide details on the following page under "Explanation.")

If there is more than one Borrower or Mortgagor executing this document, each is referred to as "I". For purposes of this document words signifying the singular (such as "I") shall include the plural (such as "we") and vice versa where appropriate.

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Explanations and any specific assistance requests:

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Borrower/Co-Borrower Certification, Acknowledgement, and Agreement

I certify, acknowledge, and agree:

1. All of the information in this Hardship Assistance Request Form is truthful and the event(s) identified above has/have contributed to my need for mortgage assistance.
2. Knowingly submitting false information may violate applicable laws.
3. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Assistance Request Form, or if I do not provide all of the required documentation, the Servicer may not offer me a loss mitigation option.
4. I have not received a condemnation notice.
5. I am willing to commit to credit counseling if the Servicer so requires.
6. The Servicer will use this information to evaluate my eligibility for a loss mitigation option, but the Servicer is not obligated to offer me assistance based solely on the representations made in this Hardship Assistance Request Form.

Borrower Signature

Date

Co-Borrower Signature

Date

Email Address

Email Address

Cell Phone

Cell Phone

Home Phone

Home Phone

Work Phone

Work Phone

Email address: MBD.Servicing@BankofHope.com

Toll Free Number: 1-866-972-2265

Branches or Employees: If this form is provided to you please scan and email to MBD.Servicing@BankofHope.com immediately.