

Reverse Mortgage - Hardship Affidavit

Complete this form to be considered for an extension to the Foreclosure timeframe

Please Note: The youngest living mortgager must be at least 80 years of age to qualify for the additional extension.

Borrower Name(s):

Property Address:

Loan #:

Date Hardship began:

Describe your Hardship:

If you are experiencing a hardship due to medical issues, please have your physician complete the following and sign below:

<input type="checkbox"/>	Serious illness of a borrower, co-borrower, or dependent family member	<u>Examples of Supporting Documentation</u> <ul style="list-style-type: none">• Written statement verifying illness or disability• Doctor supporting documents (With Company letterhead)• Proof of monthly insurance benefits or government assistance• Invoices from hospital / care center• Invoices for specialized equipment (with explanation)
<input type="checkbox"/>	Terminal illness of a borrower, co-borrower, or dependent family member	
<input type="checkbox"/>	Long-term or permanent disability of a borrower, co-borrower, or dependent family member	
<input type="checkbox"/>	Other, please briefly explain: <hr/> <hr/> <hr/> <hr/>	
Physician Signature:		Physician phone:
Printed Physician Name:		Date:

Loan number:

Borrower(s):

If you are experiencing a Non-Medical hardship please mark all that apply, please note you must provide supporting documentation to validate the non-medical hardship. Once completed please sign the bottom of the page and return the entire document.

Check All that Apply:

Examples:

<input type="checkbox"/> Unemployment	<ul style="list-style-type: none">• Copy of benefits statement including the following:• Detailed amount• Payment frequency• Duration of unemployment benefits
<input type="checkbox"/> Change in Marital Status Divorce Legal Separation	<ul style="list-style-type: none">• Divorce Decree signed by the court• Separation Agreement signed by the court
<input type="checkbox"/> Death of a Borrower or Co-Borrower- please check below if one of the following is applicable: <input type="checkbox"/> The deceased was considered the sole financial provider <input type="checkbox"/> The deceased earnings were more than the surviving spouse <input type="checkbox"/> Death of a household member who was identified as a contributor of income in a previous repayment plan	<ul style="list-style-type: none">• Death Certificate• Obituary
<input type="checkbox"/> Victimization Burglary Fraud Financial Exploitation	<ul style="list-style-type: none">• Police Report• Expenses
<input type="checkbox"/> Home Repair Structure Disaster - Natural or man-made (Fire, flood, hurricane, etc..) Emergency home repair or property damage	<ul style="list-style-type: none">• Insurance Claim• Documents stating that the property / area have been declared disaster area.• Small Business Grants
<input type="checkbox"/> Underemployment Reduction of income Increase in household expenses	<ul style="list-style-type: none">• Multiple month pay slips• Bank statements if salary is deposited• Tax documents for multiple years• Tax documents if additional boxes were checked
Borrower Signature: _____.	Date: _____.