



## 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 available solutions. You must disclose information about all of your income, expenses, and assets. It is important that you complete the application in full, including the Hardship Statement, 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](http://www.mccuemortgage.com/help).

#### 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](http://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.

An 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. 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:  
P.O. Box 1000  
1 Liberty Square  
New Britain, CT 06050-111**

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
<b>Loan Number:</b>		
<b>Name:</b>		
<b>Social Security Number:</b>		
<b>Property Address, City, State, Zip:</b>		
<b>Current Mailing Address, City, State, Zip (if different):</b>		
<b>Home Phone:</b>		
<b>Business Phone:</b>		
<b>Cell Phone:</b>		
<b>Email Address:</b>		
<b>Number of Dependents: (excluding borrower)</b>		
<b>I want to:</b> <input type="checkbox"/> Keep the property <input type="checkbox"/> Sell the property		
<b>Property Information:</b> <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	<b>*Occupant if property is not borrower occupied:</b> _____ 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?
Briefly describe the condition of your Property:	<input type="checkbox"/> Damaged <input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Notes:</b> _____ _____ _____
<b>Have you filed bankruptcy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____



<b>Have you spoken with a credit or housing counseling agency?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , provide supply contact information and complete the third party authorization form on Page XX if you wish us to discuss your request for assistance with them:
<b>Counseling Agency Contact:</b>	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:			
<b>Total Gross Income by Contributor:</b>	\$	\$	\$
<b>Total Gross Monthly Income All Sources:</b>	\$		



**MONTHLY EXPENSES**

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

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
				\$	\$	
				\$	\$	
				\$	\$	
<b>Total Monthly Vehicle Payments:</b>				\$		

**Credit Cards**

(Please use an additional page if needed.)

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

*(Expenses continued on reverse)*

Household Expenses			
Description of Expense	Total Monthly Payment	Balance Due	Months Delinquent
<b>Utilities:</b>			
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):	\$	\$	
<b>Total General Monthly Expenses:</b>			\$
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: _____	\$	\$	
<b>Total Additional Monthly Expenses:</b>	\$		
<b>TOTAL MONTHLY EXPENSES FOR THE HOUSEHOLD:</b>		\$	



<b>ASSETS</b>			
(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)			\$
<b>Total Assets for the Household</b>			<b>\$</b>

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



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**BORROWER HARDSHIP STATEMENT**

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**Provide a written explanation describing the specific nature of your hardship. Please use an additional page if needed.**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.

Date My Hardship Began is: \_\_\_\_\_

I believe that my situation is:

- Short-term (under 6 months)
- Medium-term (6- 12 months)
- Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of reasons set forth below:

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Borrower Signature

Date

Co-Borrower Signature

Date



**CONSENT AND CERTIFICATION STATEMENT**

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all information provided is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

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 Note.
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 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. 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 Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
9. 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.
10. 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.
11. 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, 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.
12. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

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

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service

▶ **Request may not be processed if the form is incomplete or illegible.**

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

▶ Signature (see instructions) \_\_\_\_\_ Date \_\_\_\_\_

▶ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_