



Dear Borrower,

The North Dakota Housing Finance Agency (NDHFA) is dedicated to helping our homeowners who may be having trouble making payments. NDHFA understands that sometimes things happen in life that are out of our control. NDHFA has programs that may be able to assist you in getting back on track with your account. In order for us to review you and your account for any possible options we ask that you complete the enclosed Loss Mitigation Package in full and return to us as soon as possible. Some programs may be eligible for a streamlined option; please contact our office to see if you qualify.

Please complete all sections of the enclosed Loss Mitigation Package. Failure to complete all sections will delay our ability to properly analyze your account. You must submit all the documents listed on the enclosed Loss Mitigation Checklist. Missing or incomplete information will result in the denial of your request. Once you have completed all forms please send or e-mail the complete package to:

North Dakota Housing Finance Agency
Attn: Payment Specialist Team
PO Box 1535
Bismarck, ND 58501-1535

E-mail: hfapayments@nd.gov

Once your **complete** package is received, we will review your account within 5 business days. When the review is completed, you will receive a letter from us with the outcome of the review detailing our findings.

If you have any questions, please contact us at 1-800-292-8621.

Sincerely,

Payment Specialist Team

Use this form to ensure that you submit all the documentation required for us to review and process your Loss Mitigation request. **Failure to return all documentation listed below will result in the denial of your application.**

☐ **Loss Mitigation Package** – this package must be completed in its entirety including signatures.

Please be sure to complete the Hardship and Financial Affidavit. The Financial Affidavit will have to be signed in the presence of a Notary.

☐ **Proof of Income for all borrowers** – select the item(s) below that apply

☐ **Pay Check Stubs** – provide copies of all paystubs for the **most recent 30 days**. The paystubs must reflect your year-to-date earnings, or we will need a statement of your year-to-date earnings from your employer.

If starting a new job, provide a statement from your new employer stating date, hours worked a week, hourly wage and what the pay period cycle is (weekly, bi-weekly, monthly).

☐ **Child Support Income** – provide a copy of your most recent child support statement or divorce decree reflecting the award of child support.

☐ **Unemployment Income** – provide a copy of the approval letter reflecting weekly allotment amount and start/end date information.

☐ **Disability Income** – provide a copy of approval letter reflecting weekly/monthly allotment amount and start/end date information.

☐ **Other Assistance** – please specify _____

☐ **Copies of your two most recent personal bank statements** – submit copies of statements for **all** open personal bank accounts.

☐ **Copies of your most recent 401k, Retirement Account, Brokerage Account or any investments you may have.**

☐ **Documentation of reason for default** – copies of disability form, medical bills/doctors' orders, unemployment approval letter, etc.

☐ **Divorce Decree** – if you are divorced, please provide a copy of the divorce decree.

If self-employed, in addition to the above items, please provide copies of

☐ **Signed year-to-date profit and loss statement**

☐ **Copies of your two most recent business bank statements** – submit copies for **all** open business bank accounts.

☐ **Copies of your two most recent tax returns**

PLEASE NOTE THAT SUBMITTING THE ABOVE LOSS MITIGATION PACKAGE DOES NOT GUARANTEE THAT AN OPTION WILL BE GRANTED TO ASSIST WITH YOUR SITUATION.

DO NOT INCLUDE ORIGINAL DOCUMENTS, THEY WILL NOT BE RETURNED.

DO NOT INCLUDE PAYMENTS WITH THIS DOCUMENTATION.

Loan Number	Property Address
-------------	------------------

SECTION 1 - BORROWER INFORMATION

First Name		Last Name	
Social Security Number ¹	Birthdate (MM/DD/YYYY)	Email Address	
Mailing Address			
Home Telephone Number	Cell Phone Number	Best Time To Call	
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chapter	Filing Date	Did you reaffirm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Employer Phone	Years on this job	

CO-BORROWER INFORMATION

First Name		Last Name	
Social Security Number ¹	Birthdate (MM/DD/YYYY)	Email Address	
Mailing Address			
Home Telephone Number	Cell Phone Number	Best Time To Call	
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chapter	Filing Date	Did you reaffirm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Employer Phone	Years on this job	

SECTION 2 - REASON(S) FOR DELINQUENCY

Please explain the circumstances that led you to become delinquent in your mortgage payments; verification of reason for delinquency must be provided.

SECTION 3 - CURRENT PROPERTY CONDITION

Please explain any immediate repairs that are necessary (plumbing leaks, broken windows, roof damages, etc.) Please do not include cosmetic repairs. Do you have any pending insurance claims?

SECTION 4 - ADDITIONAL FHA FINANCING

Does the borrower or co-borrower have an additional FHA mortgage loan?

☐ Yes ☐ No

Has the borrower or co-borrower applied for new FHA mortgage financing on any other property?

☐ Yes ☐ No

SECTION 5 - ACTION PLAN / CREDIT COUNSELING

Please explain the steps you have taken to establish a long term budget and how you expect to make timely, full monthly mortgage payments in the future.

SECTION 6 - CASH ON HAND / SAVINGS

Please list how much money you have on hand / saved to begin making payments. _____

SECTION 7 - OCCUPANCY INFORMATION

Is the property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacancy Date	Is the property being rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenant Name
---	--------------	---	-------------

SECTION 8 - HOUSEHOLD MEMBERS

Please include borrower, co-borrower and all individuals who live in the home.

Name	Age	Name	Age

SECTION 9 - ASSETS

List the estimated value, amount owed and net value of all assets.

Description	Estimated Value	Amount Owed	Net Value
Primary Residence			
Other Property			
Personal Savings			
401K / IRA Accounts			
Stocks / Bonds / CDs			
Other - specify			

SECTION 10 - MONTHLY INCOME

List the monthly NET income (amount you receive after deductions) for each borrower and all other income sources that apply.

Description	Borrower Income	Co-Borrower Income	Total
NET Salary / Wages			
Overtime Pay			
Commissions / Bonuses			
Interest / Dividends			
Alimony / Child Support			
Rental Property			
Other - Specify			

Add together each amount in the "Total" column; then write this amount on Line 1 in Section 13

GRAND TOTAL MONTHLY INCOME

SECTION 11 - PAYCHECK FREQUENCY

List the paycheck frequency for each borrower along with the day of the week/month; i.e. weekly on Friday or monthly on the 5th.

Individual	Pay Day Frequency	Day(s) Week / Month
Borrower	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Other - specify	
Co-Borrower	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Other - specify	

SECTION 12 – DEBTS AND EXPENSES

Debts	Company Name	Outstanding Balance	Number of Months Behind	Monthly Payment
NDHFA 1 st Mortgage				
2 nd Mortgage				
3 rd Mortgage				
Alimony / Child Support				
Automobile Loan / Lease				
Automobile Loan / Lease				
Installment Loan 1				
Installment Loan 2				
Installment Loan 3				
Credit Card 1				
Credit Card 2				
Credit Card 3				
Credit Card 4				
Credit Card 5				
Family Member Loan				
Other - specify				

Add together each amount listed in the "Monthly Payment" column

Sub-Total Debts

Utilities	Company Name	Outstanding Balance	Number of Months Behind	Monthly Payment
Electricity / Gas				
Water / Sewage / Garbage				
Cable TV / Internet				
Telephone / Cell				
Condo Association Dues				
Other - Specify				

Add together each amount listed in the "Monthly Payment" column

Sub-Total Utilities

Transportation	Monthly Payment
Gasoline – Car	
Automobile Insurance	

Car Maintenance	
Monthly Parking / Public Transportation	

Add together each amount listed in the "Monthly Payment" column

Sub-Total Transportation

Medical	Monthly Payment
Health Insurance not paid from paycheck	
Life / AD & D Insurance (not paid from paycheck)	
Doctor / Dentist Office Visit Costs (monthly amount)	
Prescriptions / OTC Medications (monthly amount)	
Hospital Costs	

Add together each amount listed in the "Monthly Payment" column

Sub-Total Medical

Food and Household	Monthly Payment
Food – Family Groceries	
Food – Eating Out	
School Lunches Purchased	
Work Lunches Purchased	
Cleaning / Personal Care Items	
Laundry / Dry Cleaning	
Pet Care Items	

Add together each amount listed in the "Monthly Payment" column

Sub-Total Food and Household

Family	Monthly Payment
Daycare	
Work Expenses: Tools, Safety Equipment, Dues, etc.	
Personal Care: Haircuts, Cosmetics, nails, etc.	
Education / Magazines / Books / Newspaper	
Church / Charity Donations	
New Clothes / Shoes	
Allowances	
Entertainment / Recreation / Clubs / Sports and Hobbies	
Tobacco / Alcohol (if not included in groceries)	
Other – specify.	

Add together each amount listed in the "Monthly Payment" column

Sub-Total Family

Savings Contributions	Monthly Payment
Regular Savings	
Savings for House Repairs	

Add together each amount listed in the "Monthly Payment" column

Sub-Total Savings

Additional	Monthly Payment
Other – specify	

Add together each amount listed in the "Monthly Payment" column

Sub-Total Additional

Add together the "sub-total" from each category; then write this amount on line 2 in Section 13.

Grand Total Debts and Expenses

SECTION 13 – EXPENSE TO INCOME SUMMARY

Line Number	Item and Section	Amount
1	Write " Grand Total Monthly Income " from Section 10	
2	Write " Grand Total Debts and Expenses " from Section 12	

If line 1 is greater than Line 2, subtract Line 2 from Line 1

Grand Total Surplus

If Line 2 is greater than Line 1, subtract Line 1 from Line 2

Grand Total Shortage

SECTION 14 – AUTHORIZATION AND ACKNOWLEDGEMENT

I have described my current financial condition and I certify that all information presented herein as well as all attachments are true, accurate and correct to the best of my knowledge. I understand that submissions of this information in no way obliges North Dakota Housing Finance Agency (NDHFA) to provide assistance to me. By signing this application, I hereby authorize NDHFA to: 1) order a credit report from any credit reporting agency; 2) Verify, when deemed necessary, any current or previous employment, bank accounts, tax returns or assets; 3) Release any and all information concerning the above. I therefore agree that if it is determined that the information provided herein has been misrepresented by me and such misrepresentations have induced action by NDHFA, Investor or Insurer that would not have taken, had the true facts been known; I shall be liable for any or all losses or damages suffered by NDHFA, Investor or Insurer. I understand that NDHFA may request additional documentation as deemed necessary to process my loss mitigation request.

Borrower's Name (please print)	Borrower's Signature	Date
Co-Borrower's Name (please print)	Co-Borrower's Signature	Date

¹ In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.

BORROWER INFORMATION

First Name		Last Name	
Date of Birth	Cell Phone Number		Work Phone Number
Social Security Number		Email Address	
Servicer		Loan Number	

CO-BORROWER INFORMATION

First Name		Last Name	
Date of Birth	Cell Phone Number		Work Phone Number
Social Security Number		Email Address	
Servicer		Loan Number	

In order to qualify for North Dakota Housing Finance Agency's ("Servicer") offer to enter into a loss mitigation option. I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") that one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower	Co-Borrower	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	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 below under "Explanation."
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

BORROWER/CO-BORROWER ACKNOWLEDGMENT

Borrower Initials	Co-Borrower Initials	Acknowledgement Statements
		Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified has/have contributed to my/our need to modify the terms of my/our mortgage loan.
		I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal Law.
		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 Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
		I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
		I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loss mitigation option or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.

Borrower Signature	Date
Co-Borrower Signature	Date

Please explain the circumstance(s) that led you to become delinquent in your mortgage payments. Please be specific and include the approximate date the circumstance occurred. If more space is needed, please attach a separate sheet of paper with your name, social security number and loan number written in the top right corner.

Explanation:

[illegible]

Borrower Signature	Date
Co-Borrower Signature	Date

Please complete the Borrower Information Section and then sign and date in the presence of a Notary Public.

BORROWER INFORMATION

Borrower Name	Co-Borrower Name
Property Address	
Loan Number	

The undersigned acknowledges that they have provided all financial information, including bank and brokerage statements to the North Dakota Housing Finance Agency for review.

I/we acknowledge receipt of a copy of this Financial Affidavit and that I/we have executed the same in the presence of a Notary Public.

Borrower Signature	Date
Borrower Signature	Date

ACKNOWLEDGEMENT

STATE OF NORTH DAKOTA

COUNTY OF _____

Subscribed and sworn to before me on _____ (Date).

Signature of Notarial Officer