STATE OF OREGON FORECLOSURE AVOIDANCE MEDIATION PROGRAM UNIVERSAL INTAKE FORM

INSTRUCTIONS: Complete all sections of the form and attach copies of any required documents. You must provide a copy of the completed form and documents to the Mediation Service Provider by the date stated in your Mediation Scheduling Notice. You should also bring a copy to the mediation session and to any consultation with a housing counselor.

| LOAN OR ACCOUNT NUMBER | LOAN SERVICER | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| BORROWER Borrower's Name | CO-BORROWER o-Borrower's Name | | | |
| | | | | |
| Mailing Address | ailing Address | | | |
| Date of Birth | ate of Birth | | | |
| Home Phone No. | ome Phone No. | | | |
| Cell or Work No. | ell or Work No. | | | |
| | | | | |
| INFORMATION ABOUT Property Address (if same as mailing address, write "same") | YOUR PROPERTY | | | |
| | | | | |
| Is the property listed for sale? ☐ Yes ☐ No | Have you received housing counseling? ☐ Yes ☐ No | | | |
| Have you received an offer? ☐ Yes ☐ No | If yes, please complete the following: | | | |
| Date of offer: Amount of offer: \$ | Counselor's Name: | | | |
| Agent's Name: | Agency Name: | | | |
| Agent's Phone No.: | Counselor's Phone No.: | | | |
| For Sale by Owner? 🗆 Yes 🗆 No | Counselor's Email: | | | |
| Who pays the property tax bill for your property? | Who pays the hazard insurance premium for your property? | | | |
| □ I do □ Lender does □ Paid by condo or HOA | ☐ I do ☐ Lender does ☐ Paid by condo or HOA | | | |
| Are the taxes current? ☐ Yes ☐ No | Is the policy current? ☐ Yes ☐ No | | | |
| Condo or HOA Fees? ☐ Yes ☐ No \$ | Insurance Company: | | | |
| Paid to: | Insurance Co. Telephone No.: | | | |
| Additional liens/mortgages or ju | | | | |
| Lien Holder's Name/Servicer Balance | Contact Number Loan Number | | | |
| | | | | |
| 1 | | | | |
| OTHER INFORMATION | | | | |
| I want: ☐ Forbearance/repayment plan ☐ Loan modification ☐ Short sale ☐ Deed-in-Lieu ☐ Other (Describe): | | | | |
| The property is my: ☐ Primary residence ☐ Secondary residence ☐ Investment | | | | |
| The property is: ☐ Owner occupied ☐ Renter occupied ☐ Vacant | | | | |
| Have you filed for bankruptcy? ☐ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 13 Filing Date: | | | | |
| Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy Case No.: | | | | |

Form 610 V9-24-12 1

| INCOME AND ASSETS | | | | | | |
|---|----|-------------------------------------|----|--|--|--|
| Monthly Household Income ¹ | | Household Assets ² | | | | |
| Monthly Gross Wages | \$ | Checking Account(s) | \$ | | | |
| Overtime | \$ | Savings/Money Market | \$ | | | |
| Child Support, Alimony, Separation income ³ | \$ | CDs | \$ | | | |
| Social Security/SSDI | \$ | Stocks/Bonds | \$ | | | |
| Pension, Annuity, Retirement Income | \$ | Other Cash on Hand | \$ | | | |
| Tips, Commissions, Bonuses, Self-Employment Income | \$ | Other Real Estate (estimated value) | \$ | | | |
| Rental Income | \$ | Other: | \$ | | | |
| Unemployment | \$ | Other: | \$ | | | |
| Food Stamps/Welfare | \$ | Other: | \$ | | | |
| Other (investment income, royalties, interest, dividends, etc.) | \$ | Other: | \$ | | | |
| Total Monthly Gross Income | \$ | | \$ | | | |

¹ Include combined income from the borrower and co-borrower (if any).

³ You are not required to disclose child support, alimony, or separation maintenance income unless you want to have that income considered by your servicer.

| | EXPENSES AND DEBTS | | |
|--|--------------------|--------|-------------|
| | Monthly | Annual | Total Owing |
| First Mortgage Payment | \$ | \$ | |
| Second Mortgage/Home Equity LOC Payment | \$ | \$ | |
| Property Taxes (if not paid to lender) | \$ | \$ | |
| Hazard Insurance (if not paid to lender) | \$ | \$ | |
| Condo or HOA Fees | \$ | \$ | |
| Car Payments | \$ | \$ | \$ |
| Car Insurance | \$ | \$ | |
| Vehicle Gas and Maintenance | \$ | \$ | |
| Credit Cards and Installment Loan Payments | \$ | \$ | \$ |
| Alimony and Child Support Payments | \$ | \$ | |
| Child Care | \$ | \$ | |
| Groceries | \$ | \$ | |
| Utilities (gas, electric, water, sewer, garbage) | \$ | \$ | |
| Communications (phone, internet) | \$ | \$ | |
| Medical and Dental Expenses | \$ | \$ | \$ |
| Student Loan Payments | \$ | \$ | \$ |
| Other | | | |
| Other | \$ | \$ | \$ |

Form 610 V9-24-12

² Do not include the value of life insurance or retirement plans when calculating assets (e.g., 401k, pension funds, annuities, IRAs, Keogh plans, etc.

| Total Monthly Expenses/Debts | \$ | | \$ | \$ | | |
|--|--|---|--|--------------------------------------|--|--|
| | | | | | | |
| | HARDSHIP | AFFIDAVIT | | | | |
| I am requesting review under the Making Home Affo am having difficulty making my monthly payment b | | - | _ | | | |
| explanation section): | | | | | | |
| ☐ My household income has been reduced. For example, unemployment, underemployment, reduced pay or hours, | | ☐ My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, | | | | |
| decline in business earnings, death or disability, or divorce of a | | home equity or other debt. | | | | |
| borrower or co-borrower | | | | | | |
| | ☐ My expenses have increased. For example, monthly mortgage ☐ My cash reserves, including all liquid | | _ | | | |
| losses, increased utilities or property taxes. | payment reset, high medical or health care costs, uninsured | | maintain my current mortgage payment and cover basic living expenses at the same time. | | | |
| ☐ Other: | | expenses at the | <u> </u> | | | |
| | | | | | | |
| Explanation (or attach separate sheet of paper |): | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DOCUMENTS | VERIFYING I | NCOME AND C | CCUPANCY | | | |
| You must provide to the Mediation Service Provider this completed form and all of the applicable documents described below on or before the date stated in your Mediation Scheduling Notice. If you fail to provide all required documents, your lender may not be able to determine that you are eligible for a foreclosure avoidance measure. For each document you are providing, check the | | | | | | |
| appropriate box: | | | | | | |
| Paystubs (two most recent months) | | • Tax Re | eturns (two mo | ost recent years) | | |
| Profit and Loss Statement (if self-employed recent quarterly or year-to-date) | d, most | Bank Statements (two most recent months) | | vo most recent months) | | |
| Benefits Statement or Letter from Provider amount, frequency and duration of social s disability, retirement, unemployment or of wage income) | security, | Electric, heat, gas or other utility bill (most recent) | | | | |
| Divorce decree or separation agreement (i child support, alimony or maintenance pay | | • Prope | rty Tax Statem | nent or Appraisal/CMA (if available) | | |
| BORROWER ACKNOWLEDGEMENT | | | | | | |
| I/we represent the following: | | | | | | |
| 1. That all of the information in this document is truthful to the best of my knowledge and belief. | | | | | | |
| I understand that the servicer will use the information in this document to evaluate my eligibility for a loan modification or other foreclosure avoidance measure and may investigate the accuracy of my statements and | | | | | | |
| may request additional documentation, which I will provide. | | | | | | |
| , , | • | • | | | | |
| Borrower Signature | | | Date | | | |

Form 610 V9-24-12 3

Date

Co-Borrower Signature

INFORMATION FOR GOVERNMENT PROGRAM MONITORING PURPOSES

The following information is requested by the state 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 a request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER: I do not wish to furnish this information

Ethnicity:

Not Hispanic or Latino

Hispanic or Latino

Race:

Native Hawaiian or Other Pacific Islander

Black or African American

Asian

American Indian or Alaska Native

White

Sex:

Female Male **<u>CO-BORROWER</u>**: I do not wish to furnish this information

Ethnicity:

Not Hispanic or Latino

Hispanic or Latino

Race:

Native Hawaiian or Other Pacific Islander

Black or African American

Asian

American Indian or Alaska Native

White

Sex:

Female Male

Form 610 V9-24-12 4