Dear Homeowner,

Now that you have completed the online application process, you are prepared to meet with a Hardest Hit Fund (HHF) Advisor.

To assist us in providing the most effective and efficient service, please use the **Submission Checklist** provided to ensure you have all the necessary items, including any additional financial documents, which apply to your situation.

If you are unable to locate all of your documents, gather what you can and send them in along with your printed package to begin the process. If there are questions or information you do not understand, that is alright. Do your best with it, and we will go through the rest of it together.

Before you send the package, please review everything and confirm that all your information listed is complete and accurate. It is especially important to ensure the correct spelling and accuracy of your name, address, contact information and loan number. Utilize the **Fax Transmittal** generated with this package to fax or email all the documents listed on the Submission Checklist.

After submitting your completed package, you will be contacted by a HHF Advisor to arrange for a phone conversation or face-to-face interview to review your information.

Please contact your HHF Advisor if you receive any correspondence from your lender or servicer once you have begun the process.

You can reach us at:

Phone: Fax:

Email:

We look forward to working with you.

Submission Checklist

Forms automatically printed from online application

- ☐ Fax Transmittal Page (please write the total number of pages in package)
- ☐ HHF Intake Form (Please verify that your information is accurate)
- ☐ Financial Worksheet (Please sign and date)
- ☐ Hardship Letter (Please sign and date)
- ☐ 4506T Form (Please sign and date)
- ☐ Authorization for Release of Information (Please sign and date)
- ☐ Homeowner/Advisement Contract (Please sign and date)
- ☐ FHFC Privacy Policy
- ☐ Hardship Affidavit (Please sign and date)

Supporting documentation you need to provide

- ☐ Copy of your Deed (If available)
- ☐ Any correspondence from your mortgage servicer or its attorney (If applicable)
- ☐ Most recent mortgage statement (If available)
- ☐ Last 60 days of pay stubs for all employment and income sources (including SSI, Child Support, Alimony, ect)
- ☐ Last two months of all current bank statements; for all assets.
- ☐ If unemployed, copy of unemployment eligibility or explanation of benefits
- ☐ If self employed, a copy of the last two year's tax returns with all schedules attached
- ☐ If self employed, 6 months current personal and business bank statements
- ☐ If self employed, year to date Profit and Loss statement (completed by a Third Party)
- ☐ Bankruptcy discharge / dismissal
- ☐ Homeowners Association dues statement
- ☐ Homeowners Insurance statement (including flood, wind, hail, ect), if not escrowed
- ☐ Property Tax statement (If not escrowed)

FAX TRANSMITTAL

Date:	**Qty. Pages (including cover)**:
Send to:	**From:**
Fax Number:	**Phone Number:**
Loan Number:	**Alt Phone Number:**
	Email:

SUBJECT: PROPOSED HOMEOWNER ASSISTANCE: HHF

CLIENT NAME:
ADDRESS:
CITY:
STATE, ZIP:

Please review this intake packet for receiving possible assistance through the Hardest Hit Fund. Your assistance with this process is greatly appreciated.

Thank you,

This transmittance contains confidential client information and is intended for the expressed recipient only. If you receive this transmittance in error please contact the sender and destroy the document immediately.

HHF Intake Form

Date: _____

Name: First:_____M: _____Last: _____

Address: Street:_____City: _____
State:_____Zip:_____

Phone #: _____ Phone #2: _____Social Security Number:_____

Birthdate: _____Race: _____ Other _____

Hispanic: ☐ Yes ☐ No Place of Birth: _____ Are you a US Citizen/Legal Alien? _____

Marital Status: _____ Gender: _____ Disabled: _____ Veteran:_____

Household Type: _____ Head of Household _____

Received Foreclosure Notice: _____ Has your loan been modified in the past 6 months? _____

Filed For Bankruptcy: _____ Bankruptcy Discharge Date: _____

Family Size: _____ How many dependents? _____ What ages are they? _____,_____,_____,_____,_____,_____,_____,_____,____,____

Disabled Dependent: _____ Total Co-Homeowners: _____ Education: _____

What is the primary reason for your hardship and/or loan default?_____

_____

CO-HOMEOWNER

Name: First:_____M: _____Last: _____

Phone #: _____ Phone #2: _____Social Security Number:_____

Birthdate: _____Race: _____ Other _____

Hispanic: ☐ Yes ☐ No Place of Birth: _____ Are you a US Citizen/Legal Alien? _____

Marital Status: _____ Gender: _____ Disabled: _____ Veteran:_____

Education: _____ Relationship to Homeowner:_____ Other: _____

EMPLOYMENT

Primary Employer: _____ Position:_____ Self Employed: _____

Net Income: $_____ Years in Profession: _____Hire Date: _____

This amount is paid: _____

Co-Homeowner Employment

Primary Employer: _____ Position:_____ Self Employed: _____

Net Income: $_____ Years in Profession: _____Hire Date: _____

This amount is paid: _____

PROPERTY INFORMATION

Property Type:_____ Purchase Price: $_____ Purchase Date: _____

Current Assessed Property Value: $_____ Owner Occupied: _____ Occupancy Type: _____

Do you own any other properties? If yes, how many: _____

Property For Sale:_____ Real Estate Agent Name:_____ Real Estate Agent Phone #:_____

First Mortgage Lender: _____ Loan Number: _____

Current On Mortgage:_____ Interest Rate _____% Adjustable Loan? _____ Type of Loan: _____

Date of Adjustment:_____ Principal Balance $_____ Monthly Payment $_____

Second Mortgage Lender: _____ Loan Number: _____

Interest Rate _____% Adjustable Loan? _____ Type of Loan: _____

Date of Adjustment:_____ Principal Balance $_____ Monthly Payment $_____

MISC

How Did you Hear About Us:_____ Best Time To Call:_____

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization for Release of Information form).

_____ _____ _____

Signature Print Name Date

_____ _____ _____

Co-Homeowner Signature Print Name Date

FINANCIAL WORKSHEET

Homeowner Name: **Loan Number:**

Income	**Monthly Gross**	**Monthly Net**	**Source**
Homeowner Income	$	$	
Co-Homeowner Income	$	$	
Other Income 1	$	$	
Other Income 2	$	$	
Other Income 3	$	$	

Total Gross Income	**$**
Total Net Income	**$**

Total Annual Income

$

Expenses	Monthly Payments	Unpaid Balance
Mortgage Payment	$	$
2nd Mortgage Payment	$	$
Monthly Property Taxes	$	*(If not included in payment)*
Home Owners Insurance	$	*(If not included in payment)*
Home Owner Association Fee	$	

Summary

Total Dependents: **Total In Household:**

Assets	**Estimated Value**
Checking Accounts	$
Savings Accounts	$
IRA/401K/Keogh Accounts	$
Other	$
Total Assets	$

Total Expenses	$
Total Balance	$

Gross Monthly Surplus	$
Net Monthly Surplus	$

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization for Release of Information form).

Signature Print Name Date

Co-Homeowner Signature Print Name Date

FLORIDA HARDEST-HIT FUND

LOAN NUMBER#

HARDSHIP LETTER

Homeowner Name	Homeowner Signature	Date
Co-Homeowner Name	Co-Homeowner Signature	Date

Authorization for Release of Information

Homeowner:_____

Co-Homeowner:_____

Co-Homeowner: _____

Property Address: _____

_____ Zip Code: _____

Telephone Numbers: _____

Email: _____

Lender: _____ Loan Number: _____

HHF Advisor Agency:_____

HHF Advisor: _____ Telephone: _____

Email: _____

I/we authorize that the Florida Housing Finance Corporation & HHF Advisor Agency named above (herein after "Florida Housing & HHF Advisor Agency") and its representatives to speak with my/our lender and/or servicer and with whomever has servicing responsibilities for my/our loan and to share, release, discuss and other wise provide to and with each other public and non-public personal information contained in or related to my mortgage loan. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, income, government monitoring information, loss mitigation application status, default status, account balances, program eligibility, and payment activity.

The Lender/Servicer will take reasonable steps to verify the identity of a third party, but has no responsibility or liability to verify the identity of such third party. The Lender/Servicer also has no responsibility of liability for what a third party does with such information.

Florida Housing & HHF Advisor agrees to maintain the confidentiality of homeowner(s) information; however, I/we also authorize Florida Housing & HHF Advisor and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Florida Housing & HHF Advisor and/or lender and/or servicer handling my/our loan to verify employment, income and /or assets in conjunction with my/our qualification for assistance.

This authorization will not be valid unless signed below by all homeowner and co-homeowner(s) named above and will only remain valid until revoked in writing by any homeowner or co-homeowner(s) named below.

_____	_____
Homeowner Signature	Date
_____	_____
Co-Homeowner Signature	Date
_____	_____
Co-Homeowner Signature	Date
_____	_____
HHF Advisor Signature	Date
_____	_____
Florida Housing Representative Signature	Date

Homeowner/Advisement Contract

I/We, _____ (Homeowners) agree to the following terms of service:

- I/We will always provide honest and complete information to my/our HHF Advisor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the HHF Advisor about any changes in our situation immediately.
- I/We understand that breaking this agreement may result in another homeowner being served ahead of me/us.
- I/We acknowledge that I have received a copy of the Florida Housing Finance Corp's Privacy Policy.

I/we authorize that Florida Housing Finance Corporation & HHF Advisor and its representatives to speak with my/our lender and with whomever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan for *Florida's Hardest Hit Fund.*

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Florida Housing & HHF Advisor Agency, including notification of loan modification status or future default or delinquency.

Florida Housing & HHF Advisor Agency agrees to maintain the confidentiality of homeowner(s) information; however, I/we also authorize Florida Housing & HHF Advisor Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Florida Housing & HHF Advisor Agency and/or lender and/or servicer handling my/our loan to verify employment, income or assets in conjunction with qualification for assistance.

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Homeowner/Advisement Contract

This authorization will not be valid unless signed below by all homeowners and co-homeowners named above and will only remain valid until revoked in writing by any homeowner or co-homeowner named above.

_____
Homeowner (Print)

_____ _____
Homeowner (Signature) Date

_____
Co-Homeowner (Print)

_____ _____
Co-Homeowner (Signature) Date

_____
Co-Homeowner (Print)

_____ _____
Co-Homeowner (Signature) Date

_____
HHF Advisor (Print)

_____ _____
HHF Advisor (Signature) Date

Florida Housing Finance Corporation Privacy Policy

Florida Housing Finance Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as housing debt, income and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization for Release of Information. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions;

Release of your information to third parties

1. We may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of the federal assistance funding this program.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as required by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

Hardship Affidavit

Homeowner Name (first, middle, last): _____ Date of Birth:_____
Co-Homeowner Name (first, middle, last): _____ Date of Birth:_____
Property Street Address: _____
Property City, ST, Zip: _____
Lender: _____ Servicer:_____
Loan Number: _____

In order to qualify for *Florida Hardest Hit Fun* assistance, I/we am/are submitting this form indicating by my/our checkmarks ("✓") the one or more events that explain my/our hardship.

Homeowner		Co-Homeowner		
Yes	No	Yes	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."
Yes	No	Yes	No	
☐	☐	☐	☐	My household financial circumstances have changed, for example: death in family, serious or chronic illness, or permanent or short-term disability. I have provided details below under "Explanation."
Yes	No	Yes	No	
☐	☐	☐	☐	My expenses have increased. For example: monthly mortgage payment has increased or will increase, or high medical and health-care costs. I have provided details below under "Explanation."
Yes	No	Yes	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 months of principal interest or taxes or my principal on my principal residence). I have provided details below under "Explanation."
Yes	No	Yes	No	
☐	☐	☐	☐	There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

CONTINUED ON NEXT PAGE

FLORIDA
HARDEST-HIT FUND

Hardship Affidavit

Homeowner/Co-Homeowner Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our financial hardship.
2. I/we understand and acknowledge that *FHFC & HHF Advisor* and/or its agents 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 and/or state law.
3. I/we certify that I/we have not been convicted, within the last ten (10) years of any of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering; or (c) tax evasion.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any facts (s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, I may not qualify for *HHF* assistance.
5. I/we certify that my/our property is owner-occupied and my/our primary residence is not vacant, condemned or rented.
6. I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that *FHFC & HHF Advisor* and/or its agents will use this information to evaluate my/our eligibility for assistance, but is not obligated to offer me/us assistance based solely on the representations in this affidavit.
8. I/we authorize and consent that *FHFC & HHF Advisor* disclose to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or and retained by in connection with the *HHF assistance*.
9. The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

CONTINUED ON NEXT PAGE

Hardship Affidavit

10. In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Homeowner Signature	Date	Co-Homeowner Signature	Date
Email Address		Email Address	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	

CONTINUED ON NEXT PAGE

Hardship Affidavit

Explanation: