www.FLHardestHitHelp.org

Hardest Hit Fund Approval Letter

Date:

Dear**:**

Congratulations! You have qualified to receive assistance through the Florida Hardest Hit Fund. The following is a summary of the assistance you are eligible to receive:

You have been approved for the following type(s) of assistance:

/_____/ **UMAP AND MLRP**. Unemployment Mortgage Assistance Program (UMAP) payments for up to 12 months or a maximum of $24,000 and Mortgage Loan Reinstatement Program (MLRP) assistance up to a maximum of $18,000.00, not to exceed the combined Hardest Hit Fund Program limit of $42,000.

Under the UMAP, the Florida Hardest Hit Fund will pay to your first mortgage lender or servicer, on your behalf, $ _____ per month toward your monthly mortgage payments during the term of your UMAP assistance. In order to receive this assistance, you must pay $ _____ per month to US Bank during the term of your UMAP assistance which is your "partial payment" amount.

Under the MLRP with UMAP, the Florida Hardest Hit Fund will pay up to $18,000 to pay certain, approved arrearages in order to help reinstate your first mortgage loan.

As of the date of this Approval Letter, your servicer has indicated that your current arrearages total $_____. This amount is subject to change based on the servicer's notification.

/_____/ **MLRP ONLY (NO UMAP).** Mortgage Loan Reinstatement Program (MLRP) assistance only up to a maximum of $25,000 to pay certain, approved arrearages in order to help reinstate your first mortgage loan. You are eligible for this amount of MLRP assistance only because you do not participate in the UMAP.

As of the date of the Approval Letter, your servicer has indicated that your current arrearages total $_____. This amount is subject to change based on the servicer's notification

Your assistance under the Florida Hardest Hit Fund will be in the form of a subordinate mortgage loan that is forgivable, incrementally, over a period of time subject to certain conditions. The mortgage loan will be evidenced by a Promissory Note, a Rider to Promissory Note, a Subordinate Mortgage and, for homeowner's participating in the UMAP, a Partial Payment Agreement. These loan documents and this letter contain the terms and conditions that will govern your HHF Loan. In the event of a conflict, the terms and conditions of the loan documents will control.

In order to continue receiving UMAP assistance each month, you must:

1. Make your partial payment to US Bank each month during the term of the assistance as provided in the Partial Payment Agreement; and

2. On or before the following dates:

At Closing	1st Quarter due date	2nd Quarter due date	3rd Quarter due date

Supply the required information to your assigned HHF Advisor to evidence continued eligibility under the applicable program. This includes, if applicable:

a. A new hardship affidavit certifying your continued need and eligibility for HHF Program assistance.
b. Recent mortgage statement (if received) plus any correspondence from your mortgage servicer.
c. Homeowners Association dues statement.
d. Paystubs for the last 30 days.
e. Bank statements, including business bank accounts if self-employed, for the last month
f. Proof of continued receipt of Unemployment Benefits.
g. Other income sources, including child support, alimony and Social Security.

Please acknowledge your understanding of the amount(s) and type(s) of assistance that you have been determined eligible to receive and the requirements that you must meet in order to receive assistance under the program(s) by signing below. Your signature means that you agree to fulfill your obligations under the Florida Hardest Hit Fund, and if you do not fulfill those obligations,

your participation and eligibility for assistance under the program(s) described above may be terminated. In addition, if at any time it is determined that you provided inaccurate or false information, or withheld information, in making application for assistance under the Florida Hardest Hit Fund, or if you fail to notify Florida Housing of events that would disqualify or render you ineligible for further assistance under the program(s) described above, your participation in the program(s) will be automatically terminated.

NOTICE TO CURRENT AND PREVIOUS HHF PARTICIPANTS: The amount(s) stated in this letter represent the maximum amount(s) of HHF assistance available to a participant in the HHF Programs. If you currently receive or have previously received HHF Program assistance, the amount(s) of any such assistance will count toward the assistance amount(s) stated in this letter. You are eligible for the assistance approved in this letter only to the extent that the total of the HHF Program assistance you receive does not exceed the following limits:

UMAP – 12 months or $24,000, whichever comes first

MLRP with UMAP – maximum of $18,000 towards reinstatement

MLRP only – maximum of $25,000 towards reinstatement

_____ Date: _____
Borrower

_____ Date: _____
Co-Borrower