



Borrower Assistance Package

In order for us to properly evaluate your request for assistance with your mortgage loan or home equity loan, you must complete the enclosed forms and return it promptly to the credit union by mail or fax to: (415) 775-3729 with the following documents:

- A letter explaining your current situation and hardship. Form enclosed.
- Your most recent pay stub or unemployment check stub.
- The last three months account statements from checking, savings, 401(k), and all other asset accounts you maintain.
- The name and phone number of your listing agent, if your home is currently listed for sale, along with a copy of the listing agreement.
- A copy of your signed federal tax returns (including all schedules) for the last two years.
- Current financial information statement using the enclosed form.
- If you are self-employed, we also need a Profit & Loss Statement/Audited or reviewed Year-To-Date Income Statement for your business.

Important Information

San Francisco Federal Credit Union is attempting to collect a debt, and any information obtained will be used for that purpose.

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected on your credit report.

If you are represented by an attorney, please refer this letter to your attorney and provide us with the attorney's name, address and telephone number.

If you are currently a debtor in bankruptcy proceedings and subject to the protections of the automatic stay, or if you have received a final discharge in a bankruptcy, this notice is for compliance and/or informational purposes only and not an attempt to impose personal liability for the debt in violation of the bankruptcy laws. However, San Francisco Federal Credit Union still has the right under the Mortgage to foreclose on the property.

An important reminder for all our members: As stated in the "Questions and Answers for Borrowers about the Homeowner Affordability and Stability Plan" distributed by the Obama Administration, "Borrowers should beware of any organization that attempts to charge a fee for housing counseling or modification of a delinquent loan, especially if they require a fee in advance." San Francisco Federal Credit Union offers loan modification assistance free of charge (i.e., no modification fee required.) Please call us immediately at (415) 775-5377, option 4 to discuss your options. The longer you delay the fewer options you may have.

Borrower Name: _____ **Member No.** _____

Please explain your current situation and hardship in the space provided below. Please attach additional sheets, if needed.

Borrower Signature: _____ **Date:** _____

FINANCIAL INFORMATION STATEMENT

Member No: _____

Please complete a separate Financial Information Statement for each Borrower and Co-Borrower.

Borrower NAME: _____ SOC SEC NO: - -
 Co-Borrower

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-MAIL: _____ PERMISSION TO CONTACT VIA EMAIL? _____

| ASSETS | AMOUNT OWED | CURRENT VALUE |
|---------------------------------------|-------------|---------------|
| Home | \$ | \$ |
| Other Real Estate | \$ | \$ |
| Cash - checking accounts | \$ | \$ |
| Cash - savings accounts | \$ | \$ |
| Certificates of deposit | \$ | \$ |
| Securities/Stocks/Bonds/Mutual Funds | \$ | \$ |
| Life Insurance (cash surrender value) | \$ | \$ |
| Personal Property (jewelery, etc.) | \$ | \$ |
| Retirement Funds (i.e., IRAs, 401k) | \$ | \$ |
| Other Assets: please specify | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| Auto: make/model yr | \$ | \$ |
| TOTAL ASSETS | \$ | \$ |

Are you in active Bankruptcy? Yes No

If Yes: Bankruptcy Chapter Type: _____ Case No. _____ Filing Date: _____

Attorney Name: _____ Phone Number: _____

Are you currently employed? Yes No

If Yes: Employer Name : _____

Employer Address: _____ Phone Number: _____

Your Position: _____ How long employed? _____

| MONTHLY EXPENSES | | | |
|---|--|--|--|
| <u>Interest Expense</u> | | <u>Utilities</u> | |
| Student Loan Interest | | Cable/Satellite Television | |
| Mortgage Interest | | Cellular | |
| Other Loan Interest | | Electricity/Gas | |
| Total Interest | | Garbage & Recycle | |
| <u>Entertainment and Leisure</u> | | Online/Internet Service | |
| Subscriptions/Membership Fees | | Telephone | |
| Entertaining | | Water & Sewer | |
| Vacation | | Other Utilities/Bills | |
| Other Entertainment and Leisure | | Total Utilities | |
| Total Entertainment and Leisure | | <u>Transportation</u> | |
| <u>Family</u> | | Car Payment | |
| Childcare | | Gasoline | |
| Clothing | | Car Maintenance | |
| Life Insurance | | Car Insurance | |
| Other Insurance | | Other Transportation | |
| Total Family | | Total Transportation | |
| <u>Education</u> | | <u>Pet Care</u> | |
| Books | | Pet Food & Supplies | |
| Tuition | | Veterinarian | |
| Education-related Fees | | Other Pet Care | |
| Total Education | | Total Pet Care | |
| <u>Healthcare</u> | | <u>Charitable Donations/Gifts</u> | |
| Dental & Eyecare | | Charitable Donations | |
| Hospital | | Gifts | |
| Physician | | Total Charitable Donations/Gifts | |
| Prescriptions | | <u>Personal Care</u> | |
| Health Insurance | | Personal Care | |
| Other Healthcare | | Total Personal Care | |
| Total Healthcare | | <u>Taxes</u> | |
| <u>Food</u> | | Federal Income Tax | |
| Dining Out | | Local Income Tax | |
| Groceries | | Medicare Tax | |
| Other Food | | Real Estate Taxes | |
| Total Food | | Sales Taxes | |
| <u>Residence</u> | | Social Security Tax | |
| Rent or Mortgage Payment | | State Income Tax | |
| Household Furnishings | | Other Taxes | |
| House Cleaning & Yard Service | | Total Taxes | |
| Homeowner's Dues / Condo Fees | | <u>Other Expense</u> | |
| Homeowner's/Renter's Insurance | | Bank Charges | |
| Other Household | | Miscellaneous | |
| Total Residence | | Total Other Expense | |
| | | Total Expenses | |

| MONTHLY INCOME | | | |
|---------------------------------|----------------------|--------------------------------|----------------------|
| Wages & Salary | Gross Monthly Amount | Retirement Income | Gross Monthly Amount |
| Bonus | | IRA Distributions | |
| Commission | | Pensions & Annuities | |
| Overtime | | Social Security Benefits | |
| Gross Pay | | Other Retirement Income | |
| Net Pay | | Total Retirement Income | |
| Employer Matching | | Other Income | |
| Other Wages & Salary | | Child Support Received | |
| Total Wages & Salary | | Employee Stock Options | |
| Investment Income | | Gifts Received | |
| Capital Gains | | Loan Principal Received | |
| Dividends | | Lotteries | |
| Interest | | State & Local Tax Refund | |
| Tax-Exempt Interest | | Unemployment Compensation | |
| Other Investment Income | | Other Income | |
| Total Investment Income | | Total Other Income | |
| | | Total Income | |

Please check the appropriate box.

- I am (we are) currently occupying the property securing our loan with San Francisco FCU as my(our) primary residence and that I(we) intend to continue to occupy said property as our primary residence.
- I am (we are) NOT currently occupying the property securing our loan with San Francisco FCU as my(our) primary residence and that I(we) intend to continue to occupy said property as our primary residence.

I(we) agree that the financial information provided on all pages of this Financial Information Statement is true and accurate as of the date set forth opposite my(our) signature and that any intentional or negligent misrepresentation of the information contained in this document may result in civil liability, including monetary damages, to any person who may suffer a loss due to reliance upon this document, and/or in criminal penalties including but not limited to fine or imprisonment or both under their provision of Title 18 United States Code, Sec. 1001, et seq. I understand and acknowledge that any action taken by the San Francisco Federal Credit Union is in strict reliance on the financial information provided herein. My(our) signature(s) below grants the holder of my mortgage or its designee the authority to confirm the information that I(we) have disclosed in this financial statement, to verify it as accurate by ordering a credit report, and to contact my realtor and/or credit counseling service.

 Borrower's Signature Date

 Co-Borrower's Signature Date