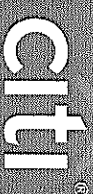


CITI MORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE



Please send copies of:

CITI LOAN NUMBER

- 2 recent consecutive pay stubs, or
- 2 consecutive months of bank statements, or
- 2 consecutive tax returns

What are your intentions regarding this property? Sell Rent Keep

PART A Borrower Information

Borrower Name	Social Security Number	Co-Borrower Name	Social Security Number
Borrower Phone No.		Co-Borrower Phone No.	
Day _____		Day _____	
Evening _____		Evening _____	
Cell _____		Cell _____	
Property Address:	Mailing Address (if applicable):		
Street _____	Street _____		
City _____	City _____		
State _____ Zip _____	State _____ Zip _____		
Email Address	Email Address		
Employer (Current)	Position	Employer (Current)	Position
Years on Job	Employer Phone	Years on Job	Employer Phone
If in current job for less than 5 years, enter your previous employer information below.			
Employer (Previous)	Position	Employer (Previous)	Position
Years on Job	Employer Phone	Years on Job	Employer Phone

PART B Property Information

Is this property for SALE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this property for RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List Date _____	Monthly Rent	Monthly Last Paid	Date Lease Expires
Price _____			
Realtor Name			
Realtor Phone			

PART C Monthly Income

DESCRIPTION (MONTHLY)	
Gross Salary/Wages	
Net Salary/Wages	
Other Income	
Other Additional Income <small>(i.e., SSI, Rental, Second Job, Child Support)</small>	
Total Net Income	

CITIMORTGAGE CUSTOMER HARDSHIP ASSISTANCE PACKAGE



PART D Monthly Expenses

DESCRIPTION (MONTHLY)	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Taxes on Primary Home (if not included in #1)	\$	\$	
3. Insurance on Primary Home (if not included in #1)	\$	\$	
4. Rent Payment (if owner not occupying subject property)	\$	\$	
5. Maintenance/Homeowners Association Fees	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Other Loans	\$	\$	
9. Credit Cards (minimum payment)	\$	\$	
10. Alimony/Child Support	\$	\$	
11. Child/Dependent Care	\$	\$	
12. Utilities (water, electricity, gas, cable, etc.)	\$	\$	
13. Telephone (landline and cell phone)	\$	\$	
14. Insurance (automobile, health, life)	\$	\$	
15. Medical Expenses (uninsured)	\$	\$	
16. Car Expenses (gas, maintenance, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other Monthly Expense (explain)	\$	\$	
19. Other Monthly Expense (explain)	\$	\$	
20. Other Monthly Expense (explain)	\$	\$	
Total	\$	\$	\$

PART E General Questions

Please try to complete as many of the questions as possible. Additional information may be necessary and will need to speak with you during the assistance process.

1. Do you occupy this property as a Primary Residence? Yes No

If Yes, how long have you lived at this residence? Years: _____

Months: _____

2. How many people reside in the household? _____

3. Do you have any dependents under the age of 18? Yes No If Yes, how many? _____

4. Do you have any other debts or obligations secured by this property (i.e. second mortgage, home equity loan, judgments or liens)?
 Yes No If Yes, please itemize these debts or obligations below:

Debt/Obligation	Amount
	\$
	\$
	\$

5. Do you own any other properties? Yes No How many? _____ If Yes, please complete the following items:

Monthly Payment	Rental Income	Principal Balance	Is this property currently vacant?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. What is the amount of funds you immediately have available to apply toward your mortgage delinquency? \$ _____

7. In addition to the amount stated above, what amount will you have available in 30 days? \$ _____

PART E General Questions (cont'd)

Please try to complete as many of the questions as possible. Additional information may be necessary and Citi will need to speak with you during the assistance process.

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default (if needed, attach a separate sheet of paper for explanation):

What is your proposal for repaying the arrearage?

FAX COVER SHEET

Sender's Information

Receiver's Information

Name:	To:
Telephone:	Fax:
Number of Pages:	Loan #:

Required Information

- Signed and dated Financial Worksheets
- 2 months of paystubs for: _____
- 2006 & 2007 W-2 forms
- 2007 complete 1040s
- Year-to-Date Profit and Loss Statement for Self-Employed Borrowers
- Social Security Income (Award Letter) for: _____
- Spousal and/or Child Support Income
- Supplemental Income or other: _____
- Complete bank statements for the last two months
- Current Homeowners Insurance Policy
- Current and/or Delinquent Property Tax Information
- Rental Agreement(s), Purchase Agreements