



THIRD PARTY AUTHORIZATION

I/We authorize Seterus, Inc. its successors and/or assigns, Seterus, Inc. to release any and all information regarding my loan to the designated third parties listed below. Such information may include, but is not limited to, the amount due on my loan, payment and credit history, loan payoff(s) and any credit transactions. In addition, I/we authorize Seterus, Inc. to (check all that apply):

- Negotiate with the designated third parties listed below any and all payment plans, forbearance agreements, modifications or other loss mitigation solutions.
Accept any directions or authorizations from the designated third parties listed below as valid directions or authorizations from me regarding any escrow deficiencies and agreements to impound for escrow. (An escrow account is required for most loss mitigation options.)

I/We agree to release and hold Seterus, Inc., its employees, officers and agents harmless from any claims based upon the above authorization. This authorization is valid until 5 business days after Seterus, Inc. receives a revocation of this authorization in writing.

Loan Number: Property Address:

You may authorize more than one third party.

Table with 2 columns: Third Party Name, Phone Number. Header: AUTHORIZED AGENTS

Primary Borrower Printed Name:

Primary Borrower Signature: Date:

Co-Borrower Printed Name:

Co-Borrower Signature: Date:

NOTARY ACKNOWLEDGMENT FOR THIRD PARTY AUTHORIZATION

State of

County of

On before me, personally appeared (Insert name and title of the notary)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Signature (Seal)

THIS COMMUNICATION IS FROM A DEBT COLLECTOR AS WE SOMETIMES ACT AS A DEBT COLLECTOR. WE ARE ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. HOWEVER, IF YOU ARE IN BANKRUPTCY OR RECEIVED A BANKRUPTCY DISCHARGE OF THIS DEBT, THIS LETTER IS NOT AN ATTEMPT TO COLLECT THE DEBT, BUT NOTICE OF POSSIBLE ENFORCEMENT OF OUR LIEN AGAINST THE COLLATERAL PROPERTY. COLORADO: FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COLORADOATTORNEYGENERAL.GOV/CA. Seterus, Inc. maintains a local office at 355 Union Boulevard, Suite 302, Lakewood, CO 80228. The office's phone number is 888.738.5576. NEW YORK CITY: 1331537, 1340663, 1340148. TENNESSEE: This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance. Seterus, Inc. is licensed to do business at 14523 SW Millikan Way, Beaverton, OR.

SETERUS, INC. FINANCIAL STATEMENT and Hardship Review

GENERAL INFORMATION

Name:		Loan Number(s):		SSN:	
Address:			City:		State: Zip:
Primary Phone Number:			Alternate Phone:		

What is the primary reason for your hardship? (Select **ONE** option which best describes your situation)

<input type="checkbox"/> Death of Mortgagor	<input type="checkbox"/> Inability to Sell Property	Military Service Follow Up Questions: Are you currently on active deployment? Yes <input type="checkbox"/> No <input type="checkbox"/> If you are on active deployment, have you faxed your orders to Fax: 877.371.7799? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Illness of Mortgagor	<input type="checkbox"/> Inability to Rent Property	
<input type="checkbox"/> Illness of Mortgagor's Family Member	<input type="checkbox"/> Military Service	
<input type="checkbox"/> Death of Mortgagor's Family Member	<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Marital Difficulties	<input type="checkbox"/> Business Failure	
<input type="checkbox"/> Reduction in Income	<input type="checkbox"/> Incarceration	
<input type="checkbox"/> Excessive Obligations	<input type="checkbox"/> Natural Disaster	
<input type="checkbox"/> Abandonment of Property	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Distant Employment Transfer		

What date did the hardship begin:	Is the hardship temporary: <input type="checkbox"/> Yes <input type="checkbox"/> No	How long will the hardship last:
Do you have a credit counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Name:	Phone:
How many people live in your household:	How many dependents live in your household:	

ABOUT THE PROPERTY

What is the primary purpose of the property? (Select **ONE** option which best describes what the property is used for)

Primary Residence
 Second Home
 Investment Property

If you have a loan on this property **NOT** serviced by Seterus, Inc. please provide the following information:

Loan Number:	Lender:	Total Monthly Payment:	Due Date:
Approximate Unpaid Balance:	Interest Rate:	Is the property in foreclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the property occupied by owner(s), renter(s), or vacant? (Select **ONE** option which best describes the occupancy status)

Owner Occupied
 Renter Occupied Are renters paying to occupy the property? Yes No
 Vacant If vacant, are the utilities on and the property secured? Yes No

Do you intend to keep the property: <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "Yes" – skip to the next page)		
Is the property currently for sale: <input type="checkbox"/> Yes <input type="checkbox"/> No	Listing Price:	Month & Year Listed:
Have you ever received an offer on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Offer:	Offer Amount:
Are you using a real estate agent to sell the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Name:	Phone:

HOUSEHOLD INCOME

List any income from any members of the household who contribute to the mortgage. Indicate "self" if you are self employed.

Name of Individual:	Gross Pay:	Total Deductions:	Net Pay (Less Deductions):
Name of Employer:	Payment Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly		
Name of Individual:	Gross Pay:	Total Deductions:	Net Pay (Less Deductions):
Name of Employer:	Payment Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly		
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Name of Individual:	Gross Pay:	Total Deductions:	Net Pay (Less Deductions):
Name of Employer:	Payment Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly		

OTHER MONTHLY INCOME

Overtime / Commissions / Bonuses:	<input type="text"/>	.00	Unemployment:	<input type="text"/>	.00
Other Job(s) Not Previously Reported:	<input type="text"/>	.00	SSI / Disability:	<input type="text"/>	.00
Child Support Received:	<input type="text"/>	.00	Welfare / Food Stamps:	<input type="text"/>	.00
Alimony Received:	<input type="text"/>	.00	Other Income:	<input type="text"/>	.00
Rental Income:	<input type="text"/>	.00			

MONTHLY EXPENSES

Total amount paid toward all car payments:	<input type="text"/>	.00
Total amount paid on all credit cards:	<input type="text"/>	.00
Total amount paid on other loans / lines of credit:	<input type="text"/>	.00

MONTHLY LIVING EXPENSES

Food:	<input type="text"/>	.00	HOA Dues / Fees:	<input type="text"/>	.00	Cable / Internet:	<input type="text"/>	.00
Child Care:	<input type="text"/>	.00	Medical Bills:	<input type="text"/>	.00	Entertainment:	<input type="text"/>	.00
Clothes:	<input type="text"/>	.00	Prescription Drugs:	<input type="text"/>	.00	Charitable Giving:	<input type="text"/>	.00
Gas / Electric:	<input type="text"/>	.00	Car Insurance:	<input type="text"/>	.00	Other:	<input type="text"/>	.00
Water / Sewer / Garbage:	<input type="text"/>	.00	Health Insurance:	<input type="text"/>	.00	(Not deducted from payroll)		
Phone(s):	<input type="text"/>	.00	Life Insurance:	<input type="text"/>	.00	(Not deducted from payroll)		
Gas / Fuel for Vehicle(s):	<input type="text"/>	.00	Property Insurance:	<input type="text"/>	.00	(Not escrowed in mortgage)		
Bus / Transit / Parking:	<input type="text"/>	.00	Property Taxes:	<input type="text"/>	.00	(Not escrowed in mortgage)		

ASSETS

Provide details of any property you own other than the loan serviced by Seterus, Inc.

Property Address:	City:	State:	Zip:
Is there a mortgage on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Loan Company Name:	
Monthly Payment Amount:		Month(s) Delinquent:	
Approximate Unpaid Balance:		Approximate Value:	
Property Address:	City:	State:	Zip:
Is there a mortgage on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Loan Company Name:	
Monthly Payment Amount:		Month(s) Delinquent:	
Approximate Unpaid Balance:		Approximate Value:	

List any cars you have completely paid off.

Make of Vehicle:	Model:	Year
Make of Vehicle:	Model:	Year
Make of Vehicle:	Model:	Year

List any other significant assets such as boats, RV's, valuable collections, jewelry or other real estate not previously reported.

Item Description:	Value:
Item Description:	Value:

CASH & ACCOUNT BALANCES

Cash On Hand:	<input type="text"/>	.00	401K / Retirement Account Balance(s):	<input type="text"/>	.00
Checking Account Balance(s):	<input type="text"/>	.00	CD's / Stocks / Mutual Funds:	<input type="text"/>	.00
Savings Account Balance(s):	<input type="text"/>	.00			

AUTHORIZATION & ACKNOWLEDGEMENT

I obtained a mortgage loan secured by the above-referenced property. I certify all information presented herein as well as attachments are true, accurate and correct to the best of my knowledge. I understand submission of this information in no way obligates my mortgage servicer, owner of my mortgage or insurer to provide assistance to me.

By signing this Financial Statement, I hereby authorize the owner of the mortgage, my mortgage servicer and/or mortgage insurer to: 1) order credit reports from any credit reporting agency; 2) obtain a current property value review at my expense; 3) discuss with my real estate agent and/or credit counseling service representative and provide any information (regarding me or my loan); 4) release information regarding this or any other liens on any mortgaged properties.

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_____ BORROWER	_____ DATE	_____ CO-BORROWER	_____ DATE
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Nationwide Mortgage Licensing System and Registry

S.A.F.E. Act Servicer ID Number: 2315

seterus.

www.seterus.com

Hardship Response Line: 866.570.5277

Hardship Fax Number: 866.578.5277

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