

REQUEST FOR MORTGAGE ASSISTANCE FORM

Completing this form will help us understand your current situation.
We'll work with you to find a solution as quickly as possible.



Loan Number: _____

Step 1: Tell us about you

For the purposes of this form, a Customer is someone who is obligated on the Note for the loan or interested in assuming responsibility for the Note. If another person not on the Note has community property or similar rights per applicable state law, please provide their name: _____

CUSTOMER		ADDITIONAL CUSTOMER	
Customer's name		Customer's name	
Last four digits of Social Security number	Date of birth	Last four digits of Social Security number	Date of birth
Mobile or daytime number with area code ¹	Preferred contact method <input type="checkbox"/> Text <input type="checkbox"/> Voice <input type="checkbox"/> Email	Mobile or daytime number with area code ¹	Preferred contact method <input type="checkbox"/> Text <input type="checkbox"/> Voice <input type="checkbox"/> Email
Email address		Email address	

¹ By providing your mobile phone number(s), you are giving Chase and companies working on its behalf permission to contact you at this number about all your Chase or J.P. Morgan accounts. Your consent permits the use of text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational or account servicing purposes, but not for telemarketing or sales. Message and data rates may apply. You may contact us anytime to change these preferences.

Step 2: Help us understand your unique situation

HARDSHIP AFFIDAVIT

DESCRIBE YOUR HARDSHIP: _____ _____ _____ If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA) or the Rural Housing Service (RHS), you are considered to be facing imminent default if your loan is up to date or less than 30 days past due and you have a hardship that will keep you from making your next mortgage loan payment in the month it's due.	Date situation began: ____/____/____ I believe my situation is: <input type="checkbox"/> Temporary <input type="checkbox"/> Long term
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Check all boxes that explain your situation:

Please send us the documents that apply:

<input type="checkbox"/> Unemployment	A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits.
<input type="checkbox"/> *For FHA ONLY: Unemployed customer not currently receiving benefits Unemployment start date: _____	Are you seeking new employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Excessive obligations	For FHA, we need: • An explanation of why the obligations are excessive, and • Documents that support excessive obligation - including but not limited to monthly billing statements and home repair invoices
<input type="checkbox"/> Income reduction/underemployment <input type="checkbox"/> Payment increase	No hardship documentation is required as long as you have submitted documents that show your income. If you have an FHA loan, you may need to send more documents.
<input type="checkbox"/> Divorce or legal separation; separation of customers unrelated by marriage, civil union or similar domestic partnership under applicable law	• Divorce decree or separation agreement signed by the court; or • Current credit report showing divorce, separation or different address of non-occupying customer; or • Recorded quitclaim deed showing that the non-occupying customer or additional customer has relinquished all rights to the property
<input type="checkbox"/> Death of a customer, or death of either the primary or additional wage earner in the household or a dependent family member	• Death certificate; or • Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; serious illness of a customer, additional customer or a dependent family member	Do not send medical records or any details of your illness or disability. Instead, please send: • Written statement from you or other documentation verifying disability or illness; or • Proof of monthly insurance benefits or government assistance (with expiration date, if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely affecting the property or customer's place of employment	• Insurance claim; or • Proof of a FEMA grant or Small Business Administration loan; or • Evidence that customer or employer property is in a federally-declared disaster area
<input type="checkbox"/> Distant employment transfer	• For active duty Servicemembers: Permanent Change of Station (PCS) orders or letter showing transfer • For employment transfers/new employment: • Copy of your signed offer letter, notice from your employer showing transfer to a new location (if applicable), or written explanation from your employer; and • Documentation that reflects the amount of any relocation assistance provided
<input type="checkbox"/> Business failure	• Tax return from the previous year (including all schedules), and • Proof of business failure supported by one of the following: • Bankruptcy filing for the business; or • Two months of recent bank statements for the business account showing that business activity has stopped; or • Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other (please explain) _____	

Step 3: Help us determine your options

Loan Number: _____

- I'm interested in:
- All assistance options
 - Only options that involve moving out of the property

ADDITIONAL CONTRIBUTOR INFORMATION (Optional)

Does anyone not listed on the loan live in and contribute financially to the household? Yes No

Monthly amount they contribute to the household (including amount contributed to the mortgage): \$ _____

First and Last Name(s): _____

Please indicate any living expenses for this person(s) in the Contributor column of the Monthly Living Expenses section of this form (see next page).

Last four digits of SSN: _____

For each additional contributor on the property, please complete an [Authorization to Obtain Consumer Credit Report](#) form, which you'll find in the Forms Center at chase.com/MortgageAssistance. Please also provide proof of the contributor's income.

MONTHLY HOUSEHOLD INCOME

	Customer	Co-Customer	Contributor
WAGE: Employer 1 name: _____ Start date: ____/____/____ If you work seasonally or in the education field, how many months per year are you paid: _____	\$	\$	\$
WAGE: Employer 2 name: _____ Start date: ____/____/____ If you work seasonally or in the education field, how many months per year are you paid: _____	\$	\$	\$
Self-employment income: (Includes 1099 income) Percentage of business ownership: _____%	\$	\$	\$
Benefits Income: Social Security benefits, investments, pensions or other retirement benefits Please specify: _____	\$	\$	\$
Voluntary Income: Child support/alimony/separation maintenance <i>You aren't required to disclose child support, alimony or separation maintenance income unless you want us to consider it as qualifying income.</i>	\$	\$	\$
Gross rents/boarder rents received (Primary recipient)	\$	\$	\$
Unemployment Income Start Date _____ End Date _____	\$	\$	\$
Food stamps/welfare (Primary recipient)	\$	\$	\$
Tips, commissions, bonuses	\$	\$	\$
Other (please specify) _____	\$	\$	\$

TOTAL MONTHLY INCOME

\$	\$	\$
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Loan Number: _____

ADDITIONAL REQUIRED INFORMATION

MONTHLY LIVING EXPENSES

Expense	Customer(s)	Contributor(s)
Food (required field)	\$	\$
Utilities (required field)	\$	\$
Automobile (required field) (insurance, maintenance, gas) <input type="checkbox"/> No automobile	\$	\$
Life insurance premium	\$	\$
Clothing	\$	\$
Cable, internet, phone	\$	\$
Medical	\$	\$
Tuition/school	\$	\$
Child care (daycare, babysitting)	\$	\$
Child support/alimony	\$	\$
Total monthly living expenses	\$	\$

HOUSEHOLD ASSETS

Please provide the most recent statement for each account listed

Do you have any existing asset accounts as listed below? <input type="checkbox"/> Yes If Yes, please complete this section excluding Retirement Funds. <input type="checkbox"/> No	
Checking account #1 Bank name: _____	\$
Checking account #2 Bank name: _____	\$
Savings/money market #1 Bank name: _____	\$
Savings/money market #2 Bank name: _____	\$
CDs	\$
Stocks/bonds	\$
Other cash on hand	\$
Other (please specify) _____	\$
Total assets	\$

Loan Number: _____

Step 4: Property Information

Property address: _____

Number of people in household: _____

Number of vehicles: _____

The property is my: Primary Residence

Second Home

Investment

The property is: Owner Occupied

Renter Occupied

Vacant

If any customer or occupant of the property is a military Servicemember who is currently on Active Duty or has been on Active Duty within the last 12 months, or is a dependent of a Servicemember, please call Chase Military Services at 1-877-469-0110.

LIENS, MORTGAGES OR JUDGMENTS (if applicable)

Please list any other mortgages or liens associated with this property. If you have more than one loan with us, we'll need you to complete a Request for Mortgage Assistance form for each account you'd like us to review for assistance.

Servicer: _____ Account #: _____

Servicer: _____ Account #: _____

Servicer: _____ Account #: _____

Condominium or HOA fees? Yes No If yes, how much each month? \$ _____ Are payments up to date? Yes No

If you own other properties, please fill out the following section.

OTHER PROPERTIES OWNED

Customers with more than two additional properties, please download the [Schedule of Real Estate Owned](#) form from the Forms Center at chase.com/MortgageAssistance. Please include the completed form with this application.

Property address: _____ Monthly rents received: \$ _____

1st mortgage servicer name: _____

Loan #: _____ Monthly principal and interest payment: \$ _____

2nd mortgage servicer name: _____

Loan #: _____ Monthly principal and interest payment: \$ _____

Escrow payment (taxes, insurance, PMI): \$ _____ Property is: Vacant Second/seasonal home Owner-occupied Rented

Monthly condominium or HOA fees: \$ _____ Comments: _____

Property address: _____ Monthly rents received: \$ _____

1st mortgage servicer name: _____

Loan #: _____ Monthly principal and interest payment: \$ _____

2nd mortgage servicer name: _____

Loan #: _____ Monthly principal and interest payment: \$ _____

Escrow payment (taxes, insurance, PMI): \$ _____ Property is: Vacant Second/seasonal home Owner-occupied Rented

Monthly condominium or HOA fees: \$ _____ Comments: _____

Third-Party Authorization:

If you want, you can authorize someone to work with us on your behalf. This is optional.

I/We hereby authorize JPMorgan Chase Bank, N.A., to release, furnish and provide information related to my/our account to:

Name of third party _____ Phone number (_____) _____

Address of third party _____

Step 5: Please read carefully and sign

Loan Number: _____

ACKNOWLEDGMENT AND AGREEMENT

In making this request for consideration, I certify under penalty of perjury that I understand and agree that:

1. The servicer of my mortgage loan may pull a current credit report for all customers obligated on the Note for the loan.
2. If my liability for the mortgage debt was discharged in a Chapter 7 bankruptcy proceeding after I signed the mortgage documents, or if I am entitled to the protections of any automatic stay in bankruptcy, the servicer is providing information about the mortgage assistance program at my request and for informational purposes, and not as an attempt to impose personal liability for the mortgage debt.
3. If I am eligible for a Trial Period Plan, Repayment Plan or Forbearance Plan, and I accept and agree to all the terms of such a plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into that plan.
4. If I'm eligible for an assistance option that requires an escrow account to pay taxes and/or insurance and my mortgage loan doesn't have one, the servicer may establish one. If my loan previously had an escrow account and the servicer agreed to remove this requirement, this agreement has been revoked.
5. All the information in this document is true, and the hardships listed in Step 2 explain why I'm requesting mortgage assistance.
6. The servicer, owner, or guarantor of my mortgage or their agents may investigate the accuracy of my statements and I may need to provide additional documentation.
7. The servicer may directly obtain copies of account statements, including, but not limited to, checking and savings accounts, certificates of deposit (even if held for an extended period of time), mutual funds, money market funds, stocks or bonds, on accounts that are held by the servicer, its subsidiaries and affiliates for the review of my request for mortgage assistance.
8. If I have intentionally defaulted on my existing mortgage or engaged in fraud, or if any of the information I've provided is false, I may be ineligible for assistance under applicable investor/insurer programs or guidelines. This includes ineligibility now and for any future benefits and incentives that would otherwise have been available. I also understand that the servicer may recover any benefits or incentives I've previously received.

9. The property securing the mortgage I'm requesting assistance for can be lived in and hasn't been or isn't at risk of being condemned.
10. The servicer will use the information I provide to determine my eligibility for mortgage assistance, but isn't obligated to offer me assistance based solely on the statements in this or any other document I send as part of this request.
11. The servicer will collect and record personal information, including my name, address, phone number, Social Security number, credit score, income, payment history and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any mortgage assistance option I receive by the servicer to (a) any investor, insurer, guarantor or servicer of my mortgage loan(s); (b) companies that perform support services in conjunction with any other mortgage relief program; and (c) any HUD-certified housing counselor.
12. The Servicer, Lender, and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. References to "Servicer" and "Lender" in the first sentence shall be deemed to include both parties' vendors, affiliates, agents, service providers, and any of the aforementioned parties' successors and assigns. The reference to "Other Loan Participants" in the first sentence shall also include any actual or potential owners of the loan, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of the aforementioned parties' successors and assigns.
13. If I, or someone on my behalf, have submitted a Fair Debt Collection Practices Act cease and desist notice to my Servicer, I withdraw that notice and understand that the servicer must contact me throughout the mortgage assistance process.
14. I consent to being contacted about this request for mortgage assistance at any email address I have provided.

**By signing this document, I/we certify that all the information is truthful.
I/We understand that knowingly submitting false information may constitute fraud.**

Customer Signature _____ Date ____/____/____
mm dd yyyy

Additional Customer Signature _____ Date ____/____/____
mm dd yyyy

Step 6: Here's how to send your documents

When we receive this form and all required documents, we'll assign a team of dedicated specialists to your loan who will call you within five business days to talk about your next steps.

Here's how you can send your information. After you have submitted your documentation, please call us at 1-877-496-3138 to let us know.	Overnight Mail: Chase 720 S. Colorado Blvd., STE 210 Glendale, CO 80246-1904	Regular Mail: Chase PO Box 469030 Glendale, CO 80246-9030	Fax: 1-866-282-5682 Online: chase.com
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*If you have questions about this document or the assistance process, please call Chase. If you have questions about government programs that we cannot answer or you need further counseling, call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The hotline can answer questions about the program and offers free HUD-certified counseling services in English and Spanish.
For a list of HUD-approved counseling agencies that can provide foreclosure prevention information, contact the U.S. Department of Housing and Urban Development (HUD) at 1-800-569-4287 or hud.gov/counseling.*

888-995-HOPE™
Homeowner's HOPE™ Hotline

**For additional forms, please visit chase.com/MortgageAssistance
Si tiene alguna pregunta sobre asistencia hipotecaria, por favor llame al 1-877-496-3138.**