



Dear CitiMortgage Customer(s):

In order for CitiMortgage, Inc. to discuss your mortgage loan with a third party, we must obtain a letter of authorization form signed by all borrowers. Please review the form below and complete the following:

- Specify the name(s), address, phone number and relationship of the person you authorize CitiMortgage, Inc to verbally discuss information with regarding your mortgage account.
- CitiMortgage, Inc will need the signature of everyone that signed the note and/or the security instrument (i.e. Mortgage/ Deed of Trust) for your loan.  
Please make sure that this form is dated below.

- Mail your form to: CitiMortgage, Inc. P.O. Box 9438, Gaithersburg, MD 20898-9438 or you may fax the form to:

Upon	FAX	EMAIL
Citi Mortgage Lien	(866) 940-8125	HOST.CitiLinkdocs@citi.com
HELOC (Home Equity Loan)	(866) 989-1356	HOST.CUSTOMdocs@citi.com

receipt of this Form your records will be updated.

### LETTER OF AUTHORIZATION

I/We herby authorize CitiMortgage, Inc. to discuss my/our mortgage account number \_\_\_\_\_ with the individuals listed below:

Name(s) Deborah Priebe

Business Name Short Sale Success / Dyson and Dyson

Business Address 170 S. Green Valley Pkwy # 200 Henderson, NV 89102

Business Phone 702-990-4373

Email Address (optional) denise@sss-lv.com / deb.priebe@sss-lv.com

Relationship to Borrower/Co-borrower Agent / Negotiator

I/We hereby release CitiMortgage, Inc. its employees, officers, agents and directors from any claim(s) that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing.

\* **Borrower Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Co-Borrower Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Loan number: <loan\_num>

## Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact [servicer name] at [phone #].

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

### Borrower Information

Borrower's name: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

Co-borrower's name: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

Preferred contact method (choose all that apply):  Cell phone  Home phone  Work phone  Email  Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death?  Yes  No

### Property Information

Property Address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

• The property is currently:  A primary residence  A second home  An investment property

• The property is (select all that apply):  Owner occupied  Renter occupied  Vacant

• I want to:  Keep the property  Sell the property  Transfer ownership of the property to my servicer  Undecided

Is the property listed for sale?  Yes  No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: \_\_\_\_\_

Is the property subject to condominium or homeowners' association (HOA) fees?  Yes  No – If yes, indicate monthly dues: \$ \_\_\_\_\_

## Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) \_\_\_\_\_ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> <li>▪ Written statement from the borrower, or other documentation verifying disability or illness</li> <li>▪ <b>Note:</b> Detailed medical information is not required, and information from a medical provider is not required</li> </ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> <li>▪ Final divorce decree or final separation agreement <b>OR</b></li> <li>▪ Recorded quitclaim deed</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Recorded quitclaim deed <b>OR</b></li> <li>▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> <li>▪ Death certificate <b>OR</b></li> <li>▪ Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, <b>AND</b></li> <li>▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____	<ul style="list-style-type: none"> <li>▪ Written explanation describing the details of the hardship and any relevant documentation</li> </ul>



## Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>▪ Two most recent bank statements showing income deposit amounts</li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>▪ Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</b></li> <li>▪ Most recent complete and signed business tax return <b>OR</b></li> <li>▪ Most recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>▪ No documentation required</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>▪ Two most recent deposited rent checks</li> </ul>
Investment or insurance income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent investment statements <b>OR</b></li> <li>▪ Two most recent bank statements supporting receipt of the income</li> </ul>
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing receipt of income <b>OR</b></li> <li>▪ Other documentation showing the amount and frequency of the income</li> </ul>

## Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

## Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*

\* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed application, together with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.**

**We will use the information you provided to help us identify the assistance you may be eligible to receive.**