



Financial Statement Form

You must submit this Financial Statement along with ALL of the supporting documents listed below in order for us to begin processing your request.

Required Information

In Addition to the Items Stated on the Uniform Borrower Assistance Form, Please Provide the Following:

1. Most current year's tax returns and all tax schedules
2. Bank statements—two most recent
(Required for each checking/savings account you and your Co-Mortgagor may have at Navy Federal or other financial institutions.)
3. Pay stubs—two most recent *(for you and your Co-Mortgagor)*
4. Rental/lease agreements *(if applicable)*
5. Divorce decree/property settlement agreement or court order for child support *(if applicable)*

Additional Required Documentation for Short Sale and Deed-in-Lieu Requests

6. Copy of fully executed sales contract *(short sale only)*
7. Listing agreement
8. Estimate Settlement Sheet-HUD 1 *(short sale only)*
9. **Notarized** Authorization to Release Mortgage Loan Information

Note: You may be required to pay a BPO/appraisal fee.

You can fax these required documents to **703-255-7947**. Please ensure that you include a copy of this page in your fax. If you have any questions, please call a specialist at 1-888-503-7102, option 3, between 8:00 am and 4:30 pm, Eastern Standard Time.

Once we have received your **completed** Borrower Response Package, please allow 5 to 30 calendar days for us to review your information and determine whether you qualify for assistance. We will contact you if we have any questions during the review process.

Our evaluation of your Borrower Response Package does not guarantee that you will receive borrower assistance or be eligible for a foreclosure alternative program. Requesting a review of your completed financial package does **not** suspend standard collection practices (i.e., phone calls, credit reporting, letters, foreclosure action, or payment responsibility). You are still responsible for making timely monthly payments in accordance with your contractual agreement with Navy Federal Credit Union. Failure to make your payments may result in acceleration of foreclosure.

As required by law, you are hereby notified that a negative credit report reflecting on your credit records may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Please note that foreclosure alternatives that result in a loss to the credit union may have a negative effect on your other accounts (i.e., credit cards, checking accounts, savings accounts, and access to Navy Federal Online® Account Access).

Additional information on next page.

Please provide additional information on the following expenses:

MONTHLY EXPENSES	
Description	Monthly Payment
Child/dependent care	
Health/life insurance expenses (out-of-pocket)	
Personal loans (student, etc.)	
All auto expenses (insurance, gas, parking, etc.)	
Utilities (gas, electric, phone, water, sewer, trash)	
Net rental expenses (other property)	
Food	
Total	\$0.00

Note: Navy Federal Credit Union has the option to pursue any deficiencies. All deficiencies are reported to the IRS through form 1099-C.

Authorization/Certification

I/we have described my/our current financial condition with this Financial Statement and I/we certify that all information presented herein, as well as all attachments, are true, accurate and correct to the best of my/our knowledge. I/we understand that submission of this information in no way obligates my/our Mortgage Servicer, Investor, or Insurer to provide assistance to me/us.

By signing this Financial Statement, I/we hereby authorize my/our Mortgage Servicer and/or Mortgage Insurer to: 1) order a credit report from any credit reporting agency; 2) verify, when deemed necessary, any current or previous employment, bank accounts, tax returns, or assets; and 3) release any and all information concerning the above.

I/we therefore agree that if it is determined that the financial information provided herein has been misrepresented by me/us and such misrepresentations have induced action by the Mortgage Servicer, Investor, and/or Insurer that would have not been taken had the true facts been known, I/we shall be liable for any or all losses or damages suffered by the Mortgage Servicer, Investor, and/or Insurer.

Submitted this _____ day of _____, 20_____

Borrower Name *(print)*

▶ _____
Borrower Signature

Co-Borrower Name *(print)*

▶ _____
Co-Borrower Signature



Mortgage Collections Dept

Fax: #703-255-7947

Phone: #800-258-5948

Send to: Navy Federal Credit Union

Mortgage Collections Dept

P.O. Box 23800

Merrifield, VA 22119-3300

or E-mail to: mortgage_collection_loss_mitigation@navyfederal.org

Navy Federal Credit Union
Mortgage Default
FINANCIAL STATEMENT

BORROWER INFORMATION

Borrower Name _____ Social Security # _____

Co-Borrower Name _____ Social Security # _____

Mailing Address: _____

(Street Address)

(City)

(State)

(Zip)

Home Telephone () _____ Co-Home: () _____

Other Telephone () _____ Co-Cell: () _____

Email Address _____

Number of Dependents: _____ (Including yourself)

EMPLOYMENT INFORMATION

BORROWER

Employer: _____

Address: _____

Telephone () _____

Position: _____

Number of years on job: _____

Full Time/Part Time _____

How do you get paid? Monthly _____

Twice a Month _____ Bi-Weekly _____

Weekly _____ Other _____

CO-BORROWER

Employer: _____

Address: _____

Telephone () _____

Position: _____

Number of years on job: _____

Full Time/Part Time _____

How do you get paid? Monthly _____

Twice a Month _____ Bi-Weekly _____

Weekly _____ Other _____

Mortgage Loan # _____

Mortgage Loan # _____

Are you currently living in the property? _____ Is the property vacant? _____

ASSETS/LIABILITIES

DESCRIPTION	ESTIMATED VALUE	PRINCIPAL AMOUNT OWED	NET VALUE (DIFFERENCE)
Primary Residence Address			
Other Real Properties Address			
Automobile Make/Model			
Automobile Make/Model			
Banks Accounts- Checking			
Bank Accounts-Savings			
IRA/Keogh/401K Accounts			
Stocks/Bonds/Securities/CD			
College Savings Accounts			
Other (Specify)			
TOTALS			

MONTHLY INCOME DATA

DESCRIPTION	BORROWER INCOME	CO-BORROWER INCOME	TOTAL
Gross Salary/Wages/Tips			
Overtime Pay/Bonuses			
Alimony/Child Support			
Basic Housing Allowance			
Pension/Social Security			
Rental Property Income			
Unemployment/Disability			
Rent from people living in your home			
TOTAL			
EMPLOYEE BENEFITS			
Health /FICA Insurance			
TOTAL			
TAXES			
(LESS) TAXES:			
Federal Income Tax			
State Income Tax			
Other Deductions (Specify)			
MONTHLY NET INCOME			

PLEASE TOTAL ALL COLUMNS

MONTHLY EXPENSES

DESCRIPTION	MONTHLY PAYMENT	PRINCIPAL BALANCE DUE	# OF MONTHS DELINQUENT
Mortgage Payment (primary residence)			
Mortgage Payment (other)			
Alimony/Child Support			
Child/Dependent Care			
Health/Life Insurance Expenses (out of pocket)			
Auto Loan-1			
Auto Loan-2			
Personal Loan 1			
Personal Loan 2			
All auto expenses (insurance, gas parking etc.)			
Utilities(gas, electric, phone, water, sewer, trash)			
Credit Card Payments(Visa, MC Other)			
Other (donations, HOA dues, clothing, entertainment)			
TOTALS			

PLEASE TOTAL ALL COLUMNS

DESCRIPTION OF HARDSHIP

Please Provide a brief description of the circumstance related to your hardship. Attach additional page(s) if more space is needed.

NAVY FEDERAL CREDIT UNION
HAS THE OPTION TO PURSUE ANY DEFICIENCIES.
ALL DEFICIENCIES ARE REPORTED TO THE IRS THROUGH FORM 1099-C

AUTHORIZATION/CERTIFICATION

I obtained a Mortgage Loan secured by the above referenced mortgaged property. I have described my current financial condition with this Financial Statement and I certify that all information presented herein, as well as all attachments, are true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obligates my Mortgage Servicer, Investor or Insurer to provide assistance to me.

By signing this Financial Statement I hereby authorize my Mortgage Servicer and/or Mortgage Insurer to: 1) Order a credit report from any credit reporting agency, 2) Verify, when deemed necessary, any current or previous employment, bank accounts, tax returns, or assets, and 3) Release any and all information concerning the above.

I therefore agree that if it is determined that the financial information provided herein has been misrepresented by me and such misrepresentations have induced action by the Mortgage Servicer, Investor and/or Insurer that would have not been taken had the true facts been known; I shall be liable for any or all losses or damages suffered by the Mortgage Servicer, Investor and/or Insurer.

Submitted this the _____ day of _____, 20_____

Borrower Name (*print*)

Borrower Signature

Co-Borrower Name (*print*)

Co-Borrower Signature

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
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or 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"> ▪ Not required
<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"> ▪ Not required
<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"> ▪ Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Not required
<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"> ▪ Written statement from the borrower, or other documentation verifying disability or illness ▪ Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____ _____	<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation

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"> ▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR ▪ Two most recent bank statements showing income deposit amounts
Self-employment income	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing self-employed income deposit amounts OR ▪ Most recent signed and dated quarterly or year-to-date profit/loss statement OR ▪ Most recent complete and signed business tax return OR ▪ Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	<ul style="list-style-type: none"> ▪ No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing deposit amounts OR ▪ Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements showing deposit amounts OR ▪ Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> ▪ Two most recent bank statements demonstrating receipt of rent OR ▪ Two most recent deposited rent checks
Investment or insurance income	\$	<ul style="list-style-type: none"> ▪ Two most recent investment statements OR ▪ Two most recent bank statements supporting receipt of the income
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"> ▪ Two most recent bank statements showing receipt of income OR ▪ Other documentation showing the amount and frequency of the income

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.

Short Form Request for Individual Tax Return Transcript

▶ Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

If you filed an individual return and lived in:

Florida, Georgia, North Carolina, South Carolina

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705 P-6
Kansas City, MO
64999
816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date