



## PROFIT AND LOSS STATEMENT

Business name \_\_\_\_\_

Period beginning (MM/DD/YYYY) \_\_\_\_\_ Period ending (MM/DD/YYYY) \_\_\_\_\_

Gross Income \_\_\_\_\_

Cost of Goods Sold \_\_\_\_\_

**Operating Expenses**

Wages paid to yourself \_\_\_\_\_

Gross wages — employees \_\_\_\_\_

Payroll expenses \_\_\_\_\_

Outside services \_\_\_\_\_

Supplies \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Advertising \_\_\_\_\_

Car, delivery, and travel \_\_\_\_\_

Accounting and legal \_\_\_\_\_

Rent \_\_\_\_\_

Telephone \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_\_

Taxes (real estate, etc.) \_\_\_\_\_

Depreciation \_\_\_\_\_

Interest \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Net Profit (Loss)** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Litton Loan Servicing LP does not provide tax or accounting advice. We suggest you consult with a tax or an accounting professional if you need tax or accounting advice.

## Tips for Completing a Profit and Loss Statement

Please follow the instructions below when filling out the Profit and Loss Statement.

- Fill out a separate Profit and Loss Statement for each business of which you have ownership.
- Enter the name of the business in the provided field (this must match the name on your tax returns).
- Enter the exact dates for the period of time the Profit and Loss Statement covers (e.g., 01/01/2009–12/31/2009).
- The period must either reflect the year-to date information or the most recent quarter's information.
- Enter the total income you have received for the period in the Gross Income field.\*
  - \*Only include income you received from the business.
- Enter the total cost of goods for the period in the Cost of Goods Sold field.
- Enter any operating expenses you incurred for the period in the corresponding field.\*\*
  - \*\*Do not include personal expenses on this statement.
- Add the cost of goods to the total expenses. Subtract this sum from the gross income. Enter this amount in the Net Profit (Loss) field.
- Sign and date the statement.

Litton Loan Servicing LP does not provide tax or accounting advice. We suggest you consult with a tax or an accounting professional if you need tax or accounting advice.

1400.0193.030410133204

**BORROWER FINANCIAL STATEMENT LOAN #**

<b>BORROWER'S NAME</b>		<b>CO-BORROWER'S NAME</b>	
<b>SOCIAL SECURITY #</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>	<b>WORK PHONE #</b>
<b>MAILING ADDRESS</b>			
<b>Do you occupy the property?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is it a Rental?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If so, what is the monthly Rental income? \$</b>	<b>If so, with whom?</b> # of people living in home #
<b>REAL ESTATE AGENT'S NAME:</b>			
<b>REAL ESTATE AGENT'S PHONE:</b>			
<b>Have you contacted a credit counseling service for help?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>CREDIT COUNSELING REP'S PHONE:</b>	
<b>Have you filed Bankruptcy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Do you pay Real Estate Taxes? (outside of mortgage Payments)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are the taxes current?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Filing date:</b>	<b>Attorney's Name:</b>	<b>Are there other liens on the property?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Chapter 7</b> <input type="checkbox"/>	<b>Attorney's Phone:</b>		
<b>Chapter 13</b> <input type="checkbox"/>			
<b>EMPLOYER-BORROWER</b>	<b>HOW LONG?</b>	<b>EMPLOYER-CO-BORROWER</b>	<b>HOW LONG?</b>

Wages	\$	Wages	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support/Alimony*	\$	Child Support/Alimony	\$
Disability Income	\$	Disability Income	\$
Rents Received	\$	Rents Received	\$
Other	\$	Other	\$
Less: Federal & State Tax, FICA	\$	Less: Federal & State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$	Less: Other Deductions (401K, etc.)	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

<b>Other Mortgages/Liens/ Rents</b>	\$	<b>Type</b>	<b>Estimated Value/Amount Owed</b>
<b>Auto Loan(s)</b>	\$	Checking Account(s)	\$
<b>Auto Expenses/Insurance</b>	\$	Savings/Money Market	\$
<b>Credit Cards/Installment Loan(s)</b>	\$	Stocks/Bonds/CDs	\$
<b>Health Insurance</b>	\$	IRA/Keogh Accounts	\$
<b>Medical</b>	\$	401K/ESOP Accounts	\$
<b>Child Care/Support/Alimony</b>	\$	Home	\$
<b>Food/Spending Money</b>	\$	Other Real Estate #	\$
<b>Water/Sewer/Utilities/Phone</b>	\$	Cars #	\$
<b>Other</b>	\$	Other	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

\*Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for repaying this loan.

"I agree as follows: My lender may discuss, obtain and share information about my mortgage and financial situation with third parties regarding a possible alternative to foreclosure. Negotiations for a possible foreclosure alternative will not constitute a waiver or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if any agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status."

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Borrower  
 By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Co-Borrower

**PLEASE SEND 2 MOST RECENT PAYSTUBS, 1 MONTH BANK STATEMENT, AND IF SELF-EMPLOYED PREVIOUS YEARS TAX RETURN**

REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) - page 1 COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number \_\_\_\_\_ Servicer \_\_\_\_\_

BORROWER		CO-BORROWER	
Borrower's name	Co-borrower's name		
Social Security number	Social Security number		Date of birth
Home phone number with area code	Home phone number with area code		
Cell or work number with area code	Cell or work number with area code		

**I want to:**  Keep the Property  Sell the Property

**The property is my:**  Primary Residence  Second Home  Investment

**The property is:**  Owner Occupied  Renter Occupied  Vacant

Mailing address \_\_\_\_\_ E-mail address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_

**Is the property listed for sale?**  Yes  No  
**Have you received an offer on the property?**  Yes  No  
 Date of offer \_\_\_\_\_ Amount of offer \$ \_\_\_\_\_  
 Agent's Name: \_\_\_\_\_  
 Agent's Phone Number: \_\_\_\_\_  
 For Sale by Owner?  Yes  No

**Who pays the real estate tax bill on your property?**  
 I do  Lender does  Paid by condo or HOA  
**Are the taxes current?**  Yes  No  
**Condominium or HOA Fees**  Yes  No \$ \_\_\_\_\_  
 Paid to: \_\_\_\_\_

**Have you filed for bankruptcy?**  Yes  No If yes:  Chapter 7  Chapter 13 Filing Date: \_\_\_\_\_  
**Has your bankruptcy been discharged?**  Yes  No Bankruptcy case number \_\_\_\_\_

Additional Liens/Mortgages or Judgments on this property: \_\_\_\_\_

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable program.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.

My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Other: \_\_\_\_\_

Explanation (continue on back of page 3 if necessary): \_\_\_\_\_

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

Number of People in Household: \_\_\_\_\_

Monthly Household Income	Monthly Household Expenses/Debt	Household Assets
Monthly Gross Wages \$	First Mortgage Payment \$	Checking Account(s) \$
Overtime \$	Second Mortgage Payment \$	Checking Account(s) \$
Child Support / Alimony / Separation <sup>2</sup> \$	Insurance \$	Savings/ Money Market \$
Social Security/SSDI \$	Property Taxes \$	CDs \$
Other monthly income from pensions, annuities or retirement plans \$	Credit Cards / Installment Loan(s) (total minimum payment per month) \$	Stocks / Bonds \$
Tips, commissions, bonus and self-employed income \$	Alimony, child support payments \$	Other Cash on Hand \$
Rents Received \$	Net Rental Expenses \$	Other Real Estate (estimated value) \$
Unemployment Income \$	HOA/Condo Fees/Property Maintenance \$	Other _____ \$
Food Stamps/Welfare \$	Car Payments \$	Other _____ \$
Other (Investment income, royalties, interest, dividends etc.) \$	Other _____ \$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)
<b>Total (Gross Income) \$</b>	<b>Total Debt/Expenses \$</b>	<b>Total Assets \$</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>To be completed by interviewer</b>	
<b>This request was taken by:</b>	
<input type="checkbox"/> Face-to-face interview	<b>Interviewer's Name (print or type) &amp; ID Number</b>
<input type="checkbox"/> Mail	<b>Interviewer's Signature</b> <b>Date</b>
<input type="checkbox"/> Telephone	<b>Interviewer's Phone Number (include area code)</b>
<input type="checkbox"/> Internet	<b>Name/Address of Interviewer's Employer</b>

**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

▶ Co-Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.  
If you have questions about the program that your servicer cannot answer or need further counseling,  
you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about  
the program and offers free HUD-certified counseling services in English and Spanish.*

**888-995-HOPE™**

Homeowner's HOPE™ Hotline

**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that:



"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct." If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Servicer: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**HELP FOR AMERICA'S HOMEOWNERS.**



### **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
_____ Co-Borrower Signature	_____ Date
_____ Co-Borrower Signature	_____ Date

**AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby authorize you to release any and all information to:

Company: **Short Sale Success**

(including any of its agents and/or assigns)

Individuals: **Deborah Priebe or Randy Asbell**

regarding the loan for the below referenced property. This authorization shall remain in effect until I specifically notify my mortgage company either verbally or in writing that this authorization is no longer in effect.

Date of last payment made on loan: \_\_\_\_\_ (if applicable)

**Borrower Name/Address:**

**1st Mortgage Company**

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**1st Mortgage Account Number**

Signed \_\_\_\_\_

Social Security Number \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Social Security Number \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



