

Ocwen

(This package is not for FHA, VA Heloc or HUD Loans, please request)

Requirements from Borrower:

****Mortgage Statement for all loans****

Complete Ocwen Short Sale Package(attached)

2011 & 2010 tax return (Please include all schedules and W2)

2 most recent pay stubs

2 months most recent bank statements

(HOA info on Short Sale Information Summary attached)

Most current Utility Bill w/ a mailing address on it

Requirements from Agent:

Completed Short Sale Information Summary Form (attached)

Fully executed Listing Agreement

Fully executed Purchase Contract

Buyers Proof of funds or pre-approval letter

Please forward them to

Gabriela Hanson

7065 Indiana Ave, Ste 200

Riverside, Ca 92506

Email to **gabby@shortsaleprocessor.org**

Fax to 951-346-0492 Attn: Gabby

Thank You for your cooperation

Gabriela Hanson

Short Sale Specialist

951-329-9119 office

951-848-4833 direct



Short Sale Information Summary

Property Address:		
Borrowers Name:	Last 4 social #:	
Co-Borrowers Name:	Last 4 social #:	
Mailing Address:	Home #	
Borrower Mobile #:	Co-Borrower Mobile #:	
Tenants (if any):	Tenants #:	
1st Note:		
	Loan #:	
# months delinquent:		
Notice of Default Filed: Y N	Date issued:	
Notice of Trustee Sale filed: Y N		
2nd Note:		
	Loan #:	
# months delinquent:		
Notice of Default Filed: Y N	Date issued:	
Notice of Trustee Sale filed: Y N		
3rd Note:		
	Loan #:	
# months delinquent:		
Notice of Default Filed: Y N	Date issued:	
Notice of Trustee Sale filed: Y N		
Brief Reason for Default:		
HOA Info & phone #:	# months delinquent:	
Property taxes : current // delinquent // impounded	Annual Tax:	
Escrow Co.:		
	Escrow Contact:	
Main #:	Fax #	Email:
Title Company:	Title Rep:	



Loan Number: _____

Exhibit B: Contact Information

Licensed Realtor name and contact information:

Realtor Name: _____
 Office Number: _____
 Cell Number: _____
 Fax Number: _____
 Email Address: _____

Who you would like us to contact for any updates or issues with the short sale transaction?

Name: _____
 Phone Number: _____
 Cell Number: _____
 Fax Number: _____
 Email Address: _____

Exhibit C: Lien Information

Check the appropriate box(s) below:

Are there any other loans secured by the property? YES NO
 Are there any other liens, such as an IRS or Homeowner's Association lien? YES NO
 Are there any judgments on the property? YES NO

If you answered yes to any of the above, please provide the details below:

N u m b e r	Name Of Lien Holder	Unpaid Principle Balance
1		
2		
3		
4		
5		
6		

A payoff statement for any other liens and a copy of any judgment(s) will need to be provided.

We may allow an aggregate of up to \$6,000 to be paid from the sale proceeds to help get subordinate lien releases. Remember, clearing these other liens and delivering clear and marketable title is your responsibility.



Loan Number:

Exhibit D: Affidavit of "Arm's Length Transaction"

Property address:

Street _____ City _____ State _____ Zip _____

All Parties to the contract to purchase aforementioned property dated: _____

Hereby affirm:

1. That this is an "Arm's Length Transaction" and that no party to this contract is a family member, business associate, or share a business interest with the mortgagor.
2. Further, there are no hidden terms or special understandings between the seller or Buyer or their agents or mortgagor.
3. That neither the Buyers and Sellers nor their Agents have any agreements written or implied that will allow the Seller to remain in the property as renters or regain ownership of said property at any time after the execution of this short sale transaction.
4. With the sole exception of payment of agents' commission or other government relocation assistance for which you may be eligible, neither the seller, buyer nor any other parties to this transaction shall receive any proceeds.
5. Each signatory understands that a misrepresentation may subject the responsible party to civil and/or criminal liability.
6. There are no agreements, understandings or contracts relating to the current sale or subsequent sale of the mortgaged premises that have not been disclosed to the servicer.
7. Each signatory understands, agrees and intends that the servicer and/or Freddie Mac are relying upon the statements made in the affidavit as consideration for the reduction of the payoff amount of the mortgage and agreement to the sale of the mortgaged premises.
8. Each signatory agrees to indemnify the servicer and/or Freddie Mac for any and all loss resulting from any negligent or intentional misrepresentation made in the affidavit including, but not limited to repayment of the amount of the reduced payoff of the mortgage.
9. This certification will survive the closing of the transaction.



Loan Number:

Exhibit D: Affidavit of "Arm's Length Transaction" (continued)

- ◆ You cannot list the property with or sell the property to anyone that you are related to or with whom you have a close personal or business relationship. In legal language, it must be an **"arm's length transaction."** If you have a real estate license, you cannot earn a commission by listing your own property. You may not have any agreements to receive a portion of the commission or the sales price after closing. Any buyer of your property must agree to not sell the home within 90 calendar days of the date it is sold by you. You may not have any expectation that you will be able to buy or rent your house back after the closing. Any knowing violation of the arm's length transaction prohibition may be a violation of federal law.

_____ Seller	← SIGN	_____ Buyer	← SIGN
_____ Date		_____ Date	
_____ Seller's Printed Name		_____ Buyer's Printed Name	
_____ Seller's Agent	← SIGN	_____ Buyer's Agent	← SIGN
_____ Date		_____ Date	
_____ Seller's Agent Printed Name		_____ Buyer's Agent Printed Name	
_____ Escrow/Closing Company			
_____ Escrow/Closing Agent Printed Name			
_____ Escrow/Closing Agent	← SIGN		



Exhibit E: Occupancy Status

Check the appropriate box(es) below that applies to this property:

- Owner occupied
- Rental
- Vacant

◆ If you checked **rental** or **vacant**:

Was the property owner occupied in the last 12 months?

YES NO

OR

Has the property been vacant or rented out for more than 12 months?

YES NO

◆ If you checked **rental** or **vacant and that the property** was owner occupied in the last 12 months, please submit utility bills to support that the property was owner occupied prior to relocating.

◆ Have you purchased any one-to-four unit properties during the last 12 months?

YES NO



Loan Number: _____

Exhibit F: Third-Party Authorization Form (Authorization to Release Information)

Ocwen Loan Servicing, LLC

Mortgage Lender/Service Name ("Service")

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Service and the following third parties.

[Counseling Agency]

[Agency Contact Name and Phone Number]

[State HFA Entity]

[State HFA Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

[Relationship of Other Third Party to Borrower and Co-Borrower]

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Service or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Service will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Service also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- ◆ It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage service.
- ◆ Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- ◆ Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Service receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

 Borrower Printed Name

 Co-Borrower Printed Name

 Borrower Signature

 Co-Borrower Signature

 Date

 Date





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Exhibit G: Hardship Affidavit Letter

Making Home Affordable Program
 Hardship Affidavit



HARDSHIP AFFIDAVIT 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

Property address (include city, state and zip): _____

I want to: Keep the Property Sell the Property
The property is my: Primary Residence Second Home Investment Property
The property is: Owner Occupied Renter Occupied for Less than 12 Months Vacant for Less than 12 Months

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):

- | | |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago. | <input type="checkbox"/> Other: _____ |

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

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 _____

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.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <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	Race: <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	



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HARDSHIP AFFIDAVIT page 2 COMPLETE ALL THREE PAGES OF THIS FORM

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 certification is effective on the earlier of the date listed below or the date this hardship affidavit is received by your servicer.

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 or forbearance 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 I have not received a condemnation notice, there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify, and:
 - (a) for consideration for the Home Affordable Modification Program (HAMP) or unemployment assistance, my property is owner-occupied and I intend to reside in this property for the next twelve months, or
 - (b) for consideration for the Home Affordable Foreclosure Alternatives Program (HAFA), my property has been owner-occupied within the last twelve months.
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 forbearance 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.

The undersigned certifies/y under penalty of perjury that all statements in this document are true and correct.

▶ _____ Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date



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HARDSHIP AFFIDAVIT page 2

COMPLETE ALL THREE PAGES OF THIS FORM

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, 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 and provide them with your name, our name as your servicer, your property address, loan number and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





Loan Number: _____

Exhibit H: Financial Information

INCOME/EXPENSES FOR HOUSEHOLD¹

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 ²	\$	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.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

¹Include 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.

²You 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.**

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <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	Race: <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number <hr/> Interviewer's Signature Date <hr/> Interviewer's Phone Number (include area code)	Name/Address of Interviewer's Employer
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