

INCLUDE THE MOST RECENT COPY OF THE FOLLOWING ITEMS WITH YOUR APPLICATION <u>Paper Application Documents</u>

☐ Intake Form

☐ Third Party Authorization and Disclosure Agreement

Additional Supporting Documents

Provide these items if the following statements apply to you

☐ Mortgage Statement if you have a mortgage; provide statement with your lender's name, account status and loan number
☐ <u>Property Tax Statement</u> if you pay property taxes yourself and not through a mortgage escrow account; provide a copy of your property tax bill with the property parcel identification number
☐ Condominium Association Statement if your home is a condominium; provide a statement with the associates name and your account number
☐ <u>Income Statement(s)</u> if you are employed; provide recent pay stubs showing employer name(s) and year to date income
☐ Benefit Statement(s) if you receive benefit income, such as unemployment, social security, or other government benefits; provide statement(s) showing the benefit amount and payee name
☐ <u>Federal Tax Return</u> if you are self-employed; provide a copy of your federal tax return to document your self-employment income
☐ <u>Property Legal Description</u> if you own the property; provide documentation showing the legal description with your name listed on the title. (example: copy of recorded deed)
□ <u>Social Security Number Verification:</u> All applicants must verify their social security number (SSN). If the complete SSN is not submitted on income and/or government benefit statements or federal tax returns, provide a current year W-2, 1098, 1099, or a copy of your social security card.

SUBMIT YOUR APPLICATION WITH COPIES OF THE ABOVE ITEMS TO:

Step Forward Michigan/ Michigan Hardest Hit Fund Application Review

111 S. Capitol Ave. / PO Box 30632 EMAIL: stepforward@michigan.gov

Lansing, MI 48909-8132 FAX: (517) 636-6170

If you have any questions about the Step Forward Michigan Program or need help completing this application, please call us at (866) 946-7432 or contact a MSHDA Housing Education Agency at http://michigan.gov/HousingEducationLocator



To speed up the processing of your application, provide both sides and all pages of the above items with your initial application. All property owner(s), their spouse, and any co-borrowers must apply together.

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Homeowner's Name			Social Sec	curity #		Date	e of Birth	!	Gende	<u>r</u>
								Female	M	[ale □
Primary Phone		I	Secondary Phone				E-ma	ail Address		
()	()								
Race	·		Race- o	other_	I I	<u>Hi</u>	spanic?			a foreclosure
						Yes 🗆	No 🗆	Yes 🗆	notice'	<u>{</u> No □
Are you actively in a M bankruptcy?	arital Status		Total Bor	rowers			How many fa	mily members i	n hom	<u>e?</u>
Yes No D										
Borrower 2 Name			Social Securit	<u>y #</u>		<u>Date</u>	of Birth		Gend	<u>er</u>
								Female		Male
<u>Primary Phone</u>			Second:	ary Phone	<u>e</u>]	Borrower Relati	onship	<u>)</u>
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Race		Ra	ce-other		Hispa	anic?		<u>Marital S</u>	<u>Status</u>	
				Yes	; 	No 🗆				
Borrower 3 Name			Social Security #			Date of 1	<u>Birth</u>		Gend	<u>er</u>
								Female		Male
Primary Phone			Seconda	ary Phone	<u>e</u>		<u>]</u>	Borrower Relati	onshig	1
()		()							
Race			Race-oth	<u>er</u>		<u>His</u>	panic?	<u>M</u> :	arital S	<u>Status</u>
							No 🗆			
Borrower 4 Name			Social Secur	ity#		<u>Date</u>	of Birth		Gend	<u>er</u>
								Female		Male
<u>Primary Phone</u>			Seconda	ary Phone	e			Borrower Relati	onshir	1
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Race			Race-oth	<u>er</u>		His	panic?	<u>M</u> :	arital S	<u>Status</u>
						Yes \square	No 🗆			
								•		
				2						



EMPLOYMENT

Borrower 1									
Primary Employer:	7	ears in Profession	<u>1?</u> <u>S</u>	Self Emp	loyed?			Hire Date	
			Y	∕es □	No 🗆				
Borrower 2	·		•						
Primary Employer:		ears in Profession	1? 5	Self Emp	loyed?			Hire Date	
			Y	Yes □ No □					
Borrower 3	•	Date Modified:	1/22/2020			1			
Primary Employer:	<u> </u>	Years in Profession		Self Emp	loyed?	Hire Date			
			Y	∕es □	No 🗆				
Borrower 4			,			1			
Primary Employer:	<u> </u>	ears in Profession	<u>1?</u> <u>§</u>	Self Emp	loyed?			Hire Date	
			7	∕es □	No 🗆				
	I								
Property Information					1				
Property Address	<u>(</u>	<u>City</u>	Count	<u>Y</u>		Zip code		Municipality	
Mailing Address		<u>City</u>		State		State		Zip code	
Unit Type?	D.	urchasing date?		Owner	Jagunia	49	<u>.</u>	Property Type?	
One Type:		(Month/Year)		<i>Jecupie</i>	<u>u.</u>		rioperty Type:		
Single Unit □ Duplex □ Multi-Family Unit [Yes	No [□ Vacation □	
							Investme	ent \square	
Property for Sale?		Do you	own the prop	perty?		Are	you purcha	asing on a land contract?	
Yes □ No □		Yes □ No □				V	□ N- □		
Yes 🗆 No 🗆		Ye	es 🗆 No L	J			Y es	□ No □	
What type of de	linguency ar	e vou seeking as	sistance wit	h? (che	ck as n	nanv as n	eeded)		
Mortgage [_ P	roperty Taxes		Cond	domini	ium Fees			
L									
Past Due Amount									
Mortgage Company Name:		Account #				Amount C	Owed		
			\$			•			
Condominium Association Name:		Account #				Amount (Jwed		
Property Tax Number: County Property Taxes				Local Property Taxes					
		\$				\$			
L		1							



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How did you hear about us?	How would you like to be contacted?

Gross Monthly Income (amount before taxes and deductions)

Income type	Employment Income	Self- Employment	Unemployment	Social Security	Other	Total Income
Borrower #1	\$	\$	\$	\$	\$	\$
Borrower #2	\$	\$	\$	\$	\$	\$
Borrower #3	\$	\$	\$	\$	\$	\$
Borrower #4	\$	\$	\$	\$	\$	\$
Total monthly						\$
income						

Asset balance(s) (CHECKING, SAVINGS, MONEY MARKET, ON DEMAND, and CERTIFICATE OF DEPOSIT ACCOUNTS ONLY)

Type	Amount
Total checking	\$
Total savings	\$
Total money market	\$
Total certificate of deposit	\$
Total assets	\$



Hardship

Select the financial hardship reason that most closely relates to why you have become delinquent or fell behind.
☐ Unemployment
☐ Underemployment (significant reduction of gross household income)
☐ Divorce (significant reduction of gross household income or significant out of pocket legal expenses due to the divorce)
☐ Medical (significant reduction of gross household income or significant out of pocket expense due to a medical event for applicant, spouse, child, parent, or legal dependent)
☐ Death (significant reduction of gross household income or significant out of pocket funeral expense due for the death of a spouse, child, parent, or legal dependent)
☐ Other (critical expense such as significant one-time expense due to critical home or car repair)
Explain: Due to a I had a significant reduction of income approximately \$ that caused me to become past due on my (Delinquent Account) Starting (Month/Year)
Please provide additional detail specific to the hardship listed above:
Examples: "I had a heart attack back in May 2017 that cost me \$2,500 for out of pocket expense" or "I paid for my mother's funeral in August 2015 costing me \$3,000".
Any additional information we need to know about your situation? (i.e. Sheriff Sale scheduled for)



In the event a third party is designated to assist on my/our behalf, I will provide written authorization for the designee to assist on my/our behalf.

- 1. I/we certify that all information provided in this application, including the stated balance of my checking and saving accounts, is truthful and accurate.
- 2. I/we further confirm that the stated hardship(s) has impacted my ability to pay our mortgage, property taxes, and/or condominium dues.
- 3. I/we also understand that submitting false information may violate Federal or State law and lead to a decline or termination of program.

Borrower 1 Signature	Print Name	Date
Borrower 2 Signature	Print Name	Date
Borrower 3 Signature	Print Name	Date
Borrower 4 Signature	Print Name	Dato



THIRD PARTY AND DISCLOSURE AGREEMENT

The Michigan Homeowner Assistance Nonprofit Housing Corporation (MHA) in collaboration with the Michigan State Housing Development Authority (MSHDA) is using Hardest Hit Funds® from the U.S. Department of the Treasury. The MHA has implemented the Step Forward Michigan program to help homeowners who have experienced an involuntary hardship affecting their ability to pay their mortgage. This form provides the necessary Third-Party Authorization for the MHA to interact with program Partners and other listed Third Parties, and provides important disclosures and agreements required for homeowner participation.

Lender 1 Name:	Lender 1 Account Numb	oer	
Lender 2 Name:	Lender 2 Account Num	ıber:	
Property:Address	City	State	Zip Code
Other Authorized Third Parties:			
Other Authorized Third-Parties:	Telephone N	Number	

Third Party Authorization and Disclosures Agreement

- 1. I/we authorize the above Partners and the Third Parties listed above and MHA to exchange, share, release, discuss, and provide to and with each other any public and non-public personal information contained in my program application and/or related to the account and/or property address listed above. This information may include (but is not limited to) my name, address, telephone number, social security number, credit information, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity.
- 2. I/we understand that the Partner and MHA will take reasonable steps to verify the identity of the Third Party but has no responsibility or liability to verify or document the identity of the Third Party or what the Third Party does with such information.

This Third-Party Authorization is valid until the Partner and MHA receives a written revocation signed by any borrower or co-borrower

- 3. I/we understand this program receives funds through U.S. Department of the Treasury and the MHA is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- 4. I/we understand this program requires the MHA to continue reporting of program successes and/or other outcomes to program funders following the end of assistance to me/us.
- 5. I/we understand that assistance from only one Hardest Hit Funds® program is available per household.
- 6. I/we understand that I/we may be referred to other services or another agency as appropriate that may be able to assist with particular identified concerns. I/we understand that I/we are not obligated to use any of the services offered to me.
- 7. I/we understand that questions and information may be provided, but I/we will not receive legal advice.
- 8. If Hardest Hit Funds® are used to pay delinquent mortgage, condominium fees, and/or property tax amounts, I/we agree to establish an escrow account if required by the Partner for future payment of property taxes.
- 9. If I/we are awarded Hardest Hit Funds®, I/we agree to execute a mortgage and note in favor of the MHA. This note will contain a 0% interest rate, be non-amortizing, forgivable over a 5-year term at 20% per year. The remaining balance will be due upon sale or transfer of the property or if the property ceases to be my/our principal residence.
- 10. I/We hereby allow MHA or the MSHDA Housing Counseling Agency and/or agents, employees, or its affiliates to request and obtain income and asset information, property information, mortgage, credit bureau and personal information pertinent to receipt of this assistance.
- 11. I/we certify that all information provided with our application is truthful and confirm that the hardship(s) identified has contributed to this request for Hardest Hit Funds®.
- 12. I/we understand that the Partner, MSHDA, the MHA, the State of Michigan, the U.S. Department of the Treasury and/or their agents may investigate my statements and any submitted documents by performing routine background checks, including automated searches of Federal, State and County databases, to confirm the accuracy of information and statements I/we have submitted. I/we also knowingly understand that submitting false information may violate Federal or State law.
- 13. I/we further acknowledge that if MHA or the Partner determines that I/we have made any misstatement of material fact in any document I/we have submitted in order to participate with this program, the MHA or the Partner may terminate assistance.
- 14. A paper or electronic copy of this form may be deemed to be the equivalent of the original and may be used as a duplicate original.



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 receive assistance from the Hardest Hit 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 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 Michigan Homeowner Assistance Nonprofit Housing Corporation, 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.

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

When you sign and date this form, you will make important certifications, representations and agreements listed above; certifying under penalty of perjury that all the information provided for the Hardest Hit Fund® program are accurate and truthful.

Failure to sign the consent form may result in denial of program assistance or termination of program benefits.

Borrower 1 Printed Name	Signature	Date
Borrower 2 Printed Name	Signature	Date
Borrower 3 Printed Name	Signature	Date
Borrower 4 Printed Name	Signature	Date