

SC State Housing Finance and Development Authority
300-C Outlet Pointe Blvd.
Columbia, SC 29210

MAIL or FAX COVER SHEET

Sender's Information

Receiver's Information

Name:

To: Loss Mitigation

Telephone:

Fax: 803-896-8592

Number of Pages:

Loan #:

Required Information

- Signed and dated Financial Worksheets
- Most Recent Consecutive Month of Pay Stubs for All Income: _____
- Current Federal Tax Return
- Social Security Income (Award Letter) for: _____
- Documentation of Spousal and/or Child Support Income
- Supplemental Income or Other: _____
- Current 3 Months of Bank Statements for All Accounts (Personal, Business, Checking and Savings)
- Copy of Rental Agreement
- Verification of Employment (please sign, date, and submit to employer)
- Information on Student Loans and Deferment Information
- Authorization to Release Information (sign and date)
- Authorization to Obtain a Credit Report (sign and date)
- If unemployed, current unemployment income documentation can be verified by a letter from the SC Department of Employment and workforce or local one-stop center or most recent bank statement showing the unemployment income as a direct deposit.
- If self-employed, two most recent year's tax returns, completed tax returns including all schedules for both personal and business returns. YTD Profit & Loss Statement from an independent source.
- Current Food Stamp Benefits Letter
- Copies of recent utility, water/sewer, cable, internet, and telephone bills
- Homeowners' Association. Yes or No If Yes, list Monthly Amount \$ _____

[SC Housing Privacy Statement: http://www.schousing.com/Privacy Statement](http://www.schousing.com/Privacy Statement)

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LOAN NUMBER

What are your intentions regarding this property? Sell Rent Keep

PART A: Borrower Information

Borrower Name Social Security Number Co-Borrower Name Social Security Number

Borrower Phone No.

Day

Evening

Cell

Property Address:

Street

City

State, Zip

Email Address

Co-Borrower Phone No.

Day

Evening

Cell

Mailing Address (if applicable):

Street

City

State, Zip

Email Address

Employer (Current)

Position

Employer (Current)

Position

Years on Job

Employer Phone

Years on Job

Employer Phone

If in current job for less than 5 years, enter your previous employer information below.

Employer (Previous)

Position

Employer (Previous)

Position

Years on Job

Employer Phone

Years on Job

Employer Phone

PART B: Property Information

Is this property for SALE? Yes No

Is this property for RENT? Yes No

List Date

Price

Realtor Name

Realtor Name

Monthly Rent

Month Last Paid

Date Lease Expires

PART C: Monthly Income

DESCRIPTION (MONTHLY)

Gross Salary/Wages

Net Salary/Wages

Other Income

Other Additional Income

i.e. SSI, Rental, Second Job, Child Support

Total Net Income

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PART D: Monthly Expenses

DESCRIPTION (MONTHLY)	Monthly Payment	Balance Due	# Months Delinquent
Primary Home Mortgage	\$	\$	
Rent Payment (provide documentation for rental)	\$	\$	
Maintenance/Homeowners Association Fees	\$	\$	
Other Mortgages	\$	\$	
Automobile Loans	\$	\$	
Other Loans	\$	\$	
Credit Cards (minimum payment)	\$	\$	
Alimony/Child Support	\$	\$	
Child/Dependent Care	\$	\$	
Utilities (water, electricity, gas, cable, internet)	\$	\$	
Telephone (landline and cell phone)	\$	\$	
Insurance (automobile, health, life)	\$	\$	
Medical Expenses (uninsured)	\$	\$	
Car Expenses (gas, maintenance, parking)	\$	\$	
Groceries and Toiletries	\$	\$	
Other Monthly Expense (explain)	\$	\$	
Other Monthly Expense (explain)	\$	\$	
Other Monthly Expense (explain)	\$	\$	
Total	\$	\$	

Please try to complete as many of the questions as possible. Additional information may be necessary, and SC Housing will need to speak with you during the assistance process.

PART E: General Questions

Do you occupy this property as a Primary Residence? Yes No

If Yes, how long have you lived at this residency? Years: _____ Months: _____

How many people reside in the household? _____

Do you have any dependents under the age of 18? Yes No If Yes, how many? _____

Do you have any other debts or obligations secured by this property (i.e. second mortgage, home equity loan, judgements or liens)?

Yes No If Yes, please itemize these debts or obligations below:

Debt/Obligation	Amount

Do you own any other properties? Yes _____ No _____ How many? _____ If Yes, please complete the following items:

Monthly Payment	Rental Income	Principal Balance	Is this property currently vacant?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

What is the amount of funds you immediately have available to apply toward your mortgage delinquency? \$ _____

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PART F: Hardship Letter

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default (if needed, attach a separate sheet of paper for explanation):

Please complete all sections of this document. If all information is not completed, your file cannot be reviewed. Also, please be sure to include all supporting documentation.

I(we) certify that the information on this form is true and complete to the best of my(our) knowledge.

Signature

Date

Signature

Date

SC State Housing Finance and Development Authority

AUTHORIZATION TO OBTAIN A CREDIT REPORT

LOAN NUMBER _____

I/We hereby authorize the South Carolina State Housing Finance and Development Authority to obtain a consumer credit report and any other information required to process a loan review including but not limited to employment, income, assets and debts. I understand this authorization may signify a monetary commitment and that my income may be utilized in a repayment agreement.

_____	_____
Print Name of Borrower	Social Security Number
_____	_____
Signature of Borrower	Date

_____	_____
Print Name of Co-Borrower	Social Security Number
_____	_____
Signature of Co-Borrower	Date

AUTHORIZATION TO RELEASE INFORMATION

This form is not valid unless notarized or accompanied by a copy of your driver's license.

LOAN NUMBER _____

I, the undersigned, hereby authorize you to release information regarding the above-referenced loan to _____ and/or their agents or assigns.

ADDRESS _____

PHONE # _____ RELATIONSHIP TO BORROWER _____

This authorization is a continuing authorization for said parties to receive information about my loan until revoked.

By my signature, I understand and acknowledge that knowingly submitting false information may violate Federal and/or state law.

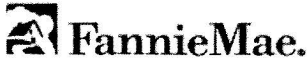
_____	_____
Print Name of Borrower	Last 4 digits of SSN
_____	_____
Signature of Borrower	Date

Subscribed to and sworn before me this _____ day of _____, _____.

(Signature)

Notary Public for _____ (State)

My Commission expires: _____



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 30, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** - Complete items 1 through 7. Have applicant complete item 8. **Forward** directly to employer named in item 1.
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of lender) South Carolina State Housing Finance and Development Authority 300-C Outlet Pointe Boulevard Columbia, SC 29210 EFax 803 551 4953
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title Mortgage Services Representative	5. Date	6. Lender's Number (Optional) 1.888.808.4252
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II - Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
12B. Gross Earnings				Pay Grade		15. If paid hourly - average hours per week	
				Type	Monthly Amount		
Type	Year to Date	Past Year	Past Year	Base Pay	\$	16. Date of applicant's next pay increase	
Base Pay	\$	\$	\$	Rations	\$		
Overtime	\$	\$	\$	Flight or Hazard	\$	17. Projected amount of next pay increase	
Commissions	\$	\$	\$	Clothing	\$		
Bonus	\$	\$	\$	Quarters	\$	18. Date of applicant's last increase	
Total	\$	\$	\$	Pro Pay	\$		
				Overseas or Combat	\$	19. Amount of last pay increase	
				Variable Housing Allowance	\$		

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III - Verification of Previous Employment

21. Date Hired	23. Salary / Wage at Termination Per <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly			
22. Date Terminated	Base _____	Overtime _____	Commissions _____	Bonus _____
24. Reason for Leaving			25. Position Held	

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	