



Scottsdale Fund, LLC

P.O. Box 26775, Scottsdale, AZ 85255

Tel: 480-757-0108 Fax: 480-757-0049

E-mail:Service@ScottsdaleFund.com

Borrower Request For Assistance

Following this cover letter is your application to request assistance related to your Loan serviced by Scottsdale Fund, LLC (“Servicer”). In order to evaluate your request, we need information and documentation related to the reason for your request, your current financial circumstances and what you are doing to help the situation through various federal programs or those offered by your state or any other means.

Remember, we can't start helping you until we've received your application correctly filled out, and all the required supporting documents. Within two business days of receiving your materials, we'll contact you to simply acknowledge receipt. It may take up to an additional two weeks, to let you know the results of our review.

Foreclosure Information

We do need to let you know that if you've missed your monthly payments or there's a reason for us to believe your property is vacant or abandoned, we may refer your mortgage to foreclosure. Foreclosure proceedings may continue or begin after issuance of form and cannot be stopped until we receive a complete request and have executed a written forbearance agreement with you.

For additional help exploring your options, the federal government provides contact information for housing counselors at <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>

Returning This Application

Once the form is completed, please either (1) e-mail it to Service@ScottsdaleFund.com, (2) send by fax to 480-757-0049 or (3) mail it to Scottsdale Fund, LLC, PO Box 26775, Scottsdale, AZ 85255. We can also be reached at 480.757.0108.

Questions?

If you have any questions or would like to reach us over the phone, call us at 480-757-0108.

Sincerely,
Scottsdale Fund, LLC



Borrower and Property Information

Borrower Information:

Name: _____

Social Security number: _____ - _____ - _____

Primary phone No.: ___ Home ___ Work ___ Cell
() _____ - _____

Alternate phone: ___ Home ___ Work ___ Cell
() _____ - _____

Best time to be reached: _____

Email address: _____

Co-Borrower Information:

Name: _____

Social Security number: _____ - _____ - _____

Primary phone No.: ___ Home ___ Work ___ Cell
() _____ - _____

Alternate phone: ___ Home ___ Work ___ Cell
() _____ - _____

Best time to be reached: _____

Email address: _____

Property Information:

Property address:

Mailing address (if different):

Name of Property Insurance Company: _____

Expiration date of Property Insurance: _____

Name and Phone number for insurance agent: _____

Have all property tax due been paid? ___ Yes ___ No

Property type: ___ Primary residence ___ Second home ___ Investment or rental property

The property is currently: ___ Owner occupied ___ Renter occupied ___ Vacant ___ Temporarily vacant

My goal is to: ___ Keep the property ___ Leave/sell the property



Hardship Information (Please fill out the entire form)

The hardship causing financial challenges is believed likely to be resolved within: _____ months

Reason for Hardship (choose the main reason and submit documentation)

- Unemployment.
- Reduction in income (for example, loss of overtime or reduction in working hours or base pay).
- Long-term or permanent disability or serious illness of a borrower or dependent family member.
- Disaster (natural or man-made) impacting the borrower's property or place of employment.
- Divorce or legal separation.
- Other hardship not covered above (explain in the hardship letter requested)

Additional Attachments Required:

1. Hardship Letter - Please attached a letter explaining the details of the hardship and the anticipated duration. You should include in this letter, actions you are taking to resolve any financial hardship along with documentation
2. What documentation have you attached to support the nature of the hardship (e.g. letter from employer stating layoff or reduced hours, unemployment claim to state):

3. What federal, state or local programs have you applied to for financial assistance?

4. Complete the financial information forms on pages 4, 5 & 6.



Asset Information

Are there currently any household assets? Yes No

List all household assets, such as bank accounts, investments, etc.

Current Household Assets

Asset Type	Institution Name	Last 4 Digits of Account	Client Current Balance	Co-Client Current Balance
Checking Account 1			\$	\$
Checking Account 2			\$	\$
Savings Account 1			\$	\$
Savings Account 2			\$	\$
Money Market Account 1			\$	\$
Money Market Account 2			\$	\$
Certificate of Deposit 1			\$	\$
Certificate of Deposit 2			\$	\$
Investment Account 1 <small>(stocks, bonds, mutual funds)</small>			\$	\$
Investment Account 2 <small>(stocks, bonds, mutual funds)</small>			\$	\$
Additional Assets 1			\$	\$
Additional Assets 2			\$	\$
Cash on Hand			\$	\$
Total Assets:			\$	\$



Employment and Income Information

Client Information

Currently employed? Yes No Start date: ___ / ___ / ___
 Employer name: _____

Co-Client Information

Currently employed? Yes No Start date: ___ / ___ / ___
 Employer name: _____

Is there currently household income? Yes No

List all types of gross income that every client on the loan receives on a monthly basis and provide the documentation listed for each type, if any.

Current Gross Household Income

	Client	Co-Client
Employment (full-time, part-time, commission, seasonal, union, overtime, tips and bonuses) • Most recent 30 days of pay stubs showing year-to-date earnings, defining regular pay as well as overtime, bonuses and/or tips, OR • Two most recent bank statements showing income deposit amounts	\$ _____ /mo.	\$ _____ /mo.
Military • Most recent Leave and Earnings Statement, also called a military pay stub, showing the most recent 30 days of year-to-date earnings (must be regular pay rather than bonus or commission), OR • Two most recent bank statements showing income deposit amounts	\$ _____ /mo.	\$ _____ /mo.
Alimony and/or Child Support Received* • Divorce decree, separation agreement or other type of legal agreement or court decree specifying the amount to be paid and the period of time over which it will be received, OR • Two most recent months' of bank statements showing full, regular and timely payments	\$ _____ /mo.	\$ _____ /mo.
SSI, Disability and/or Death Benefits (short-term, long-term and workers' compensation) • Award letter, benefits statement or disability policy from the provider, OR • Two most recent months' of bank statements showing receipt of income	\$ _____ /mo.	\$ _____ /mo.
Pension, Personal Retirement, Investments and/or Annuities • Benefits statement, pay stub, 1099 form or account statement, OR • Two most recent months' of bank statements showing receipt of income	\$ _____ /mo.	\$ _____ /mo.
Rental Income • Two most recent months of bank statements showing receipt of rental income, OR • Two most recent deposited rent checks	\$ _____ /mo.	\$ _____ /mo.
Self-Employment and/or Contract Work • Most recent signed and dated quarterly or year-to-date profit and loss statement (see sample on page 9.)	\$ _____ /mo.	\$ _____ /mo.
Other (such as income from people not listed on the loan)	\$ _____ /mo.	\$ _____ /mo.
Total Income:	\$ _____ /mo.	\$ _____ /mo.



Expenses

List all monthly expenses and debt payments for all clients on the loan.

Property with Quicken Loans Mortgage

Monthly mortgage payment \$ _____

Taxes and insurance \$ _____

Is there a second mortgage on this property?

Yes No If yes, list monthly payment: \$ _____

Homeowners association dues \$ _____

Association name: _____

Association phone number: _____

Frequency of dues: Monthly Quarterly

Annually Other: _____

Additional Properties (if applicable)

Property 1: primary secondary investment

Monthly mortgage payment \$ _____

Homeowners association dues \$ _____

Frequency of dues: Monthly Quarterly

Annually Other: _____

Property 2: primary secondary investment

Monthly mortgage payment \$ _____

Homeowners association dues \$ _____

Frequency of dues: Monthly Quarterly

Annually Other: _____

Property 3: primary secondary investment

Monthly mortgage payment \$ _____

Homeowners association dues \$ _____

Frequency of dues: Monthly Quarterly

Annually Other: _____

Out-of-Pocket Health Care

Medical services \$ _____

Prescription drugs \$ _____

Medical supplies (such as oxygen and eyeglasses) \$ _____

Total Client Utility Payments

Water and sewer \$ _____

Maintenance and repairs \$ _____

Gas utility \$ _____

Electricity \$ _____

Cable, internet and phone (home and cell) \$ _____

Transportation

Number of vehicles: _____

List the monthly payment for each vehicle:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total: \$ _____

Vehicle insurance \$ _____

Fuel \$ _____

Transit fares, tolls and parking fees \$ _____

Personal

Food (after government assistance) \$ _____

Housekeeping supplies \$ _____

Apparel and related services \$ _____

Personal care and related services \$ _____

Additional

Alimony and child support paid \$ _____

Child care \$ _____

Health insurance (if not deducted on pay stub) \$ _____

Life insurance \$ _____

Payments on liens and judgments (if not garnished) \$ _____

School costs \$ _____

Current residence rent payment (if applicable) \$ _____



Acknowledgement and Agreement

I certify, acknowledge and agree to the following:

1. All of the information in the request for assistance is truthful, and the hardship that I have identified contributed to my need for mortgage assistance. Knowingly submitting false information may violate federal and other applicable law.
2. The accuracy of my statements may be reviewed by the Servicer, the owner or guarantor of my mortgage, their agent(s) or an authorized third party, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond in a timely fashion to all Servicer or authorized third-party communications. I understand and agree that Servicer reserves the right to change the review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for assistance, or if I do not provide all required documentation, the Servicer may cancel any mortgage assistance granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
4. The 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. I understand that the Servicer may incur certain costs in evaluating my request for assistance, and I am responsible for these costs whether or not I'm approved for mortgage assistance.
5. I agree to allow vendor(s) access to the interior of the property for the purpose of a property valuation.
6. The Servicer or authorized third party will obtain a current credit report on all borrowers obligated on the Note. The Servicer or authorized third party will also collect and record personal information that I submit in this request for assistance and during the evaluation process, including (a) my name, address and 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, and may share it with relevant third parties, investors, guarantors or insurers.
7. I consent to being contacted concerning this request for assistance at any telephone number, including the mobile telephone number or email address I have provided to the Servicer, lender or authorized third party.
8. Foreclosure proceedings may continue or begin after issuance of this application and cannot be stopped until the Servicer receives a complete application and all required documentation.



9. I release and agree to hold the Servicer and any investor that purchases my mortgage harmless from any liability that may arise from verifying information contained in my application or for any reporting of misrepresentations discovered during the application process or thereafter.

10. Lender is an equal opportunity lender and abides by the federal (and state) Equal Credit Opportunity Act, which prohibits creditors from discrimination against credit applications on the basis of sex, marital status, race, color, religion, national origin, age (provided the applicant has the capacity to contract), receipt of income from a public assistance program, or the good faith exercise of rights under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning Lenders is the Federal Trade Commission, Equal Credit Opportunity Division, Washington, DC 20580.

11. This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

12. If you have an active bankruptcy or you received a bankruptcy discharge, we are sending this for informational or legal purposes only. We're not trying to collect against you personally.

13. If you have any questions about this communication or your obligation to pay, please contact your attorney.

Signature of Borrower

Date

Print name of Borrower

Signature of Co-Borrower

Date

Print name of Co-Borrower