

Hardship Affidavit Form

Loan number: _____

Use this form to tell us why it's difficult for you to make your current mortgage payments.
(A written explanation is required for each hardship selected below.)

I am/We are requesting review of my/our current financial situation to determine whether I/we qualify for temporary or permanent mortgage relief options.

Date hardship began is: _____

I believe that my/our situation is:

- ☐ Short-term (less than 6 months)
- ☐ Medium-term (6-12 months)
- ☐ Long-term or Permanent Hardship (greater than 12 months)

I am/We are having difficulty making my/our monthly payment because of financial difficulties created by (check all that apply):

1. ☐ My/Our 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.

2. ☐ My/Our monthly debt payments are excessive and I am/We are overextended with my/our creditors. Debt includes credit cards, home equity or other debt.

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

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

5. ☐ I am/We are unemployed and (a) receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.

6. ☐ Other

Explanation (continue on another sheet of paper if necessary):

7. How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others?

8. Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification?

☐ Yes ☐ No

9. Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification?

☐ Yes ☐ No If yes, how many? _____

Signature

Date

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