



# Homeowner Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to WaFd Bank, via mail to: WaFd Bank, Attn: Homeowner Assistance Department, 425 Pike Street, Seattle, WA, 98101 or deliver to your local branch. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact WaFd Bank at 866-453-9710 or [homeownerassistance@wafd.com](mailto:homeownerassistance@wafd.com).

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at 800.569.4287 or [hud.gov/counseling](http://hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at 855.411.2372 or [consumerfinance.gov/mortgage](http://consumerfinance.gov/mortgage) help

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

If you have previously received a bankruptcy discharge of your personal obligation to pay the debt associated with this home loan, you are not personally liable for the contractual monthly payment referenced below. If you are in an active bankruptcy case, you may want to consult with your bankruptcy attorney for potential impacts specific to your case.

**LOAN NUMBER:** \_\_\_\_\_

## BORROWER INFORMATION

	Borrower	Co-Borrower
Name:	_____	_____
Social Security Number	_____	_____
(Last 4 digits):	_____	_____
Email Address:	_____	_____
Phone Number:	_____	_____
Alt. Phone Number:	_____	_____

## PROPERTY INFORMATION (for the property securing the loan you are requesting assistance on)

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

The property is currently my:     Primary Residence     Second Home     Investment Property

The property is (select all that apply):     Owner Occupied     Renter Occupied     Vacant

Is the property listed for sale? \_\_\_\_\_

If yes, provide the listing agent's name and phone number, or indicate "for sale by owner", if applicable:  
 \_\_\_\_\_

Is the property subject to condominium or homeowners' association (HOA) fees?  
 If yes, how much each month? \_\_\_\_\_ Are payments up to date? \_\_\_\_\_

List below any additional Mortgages, Liens, or Judgments encumbering the property.

Lender or Lienholder Name	Outstanding Balance	Monthly payment, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ASSISTANCE OPTIONS THAT YOU WOULD LIKE US TO CONSIDER**

I am interested in:

- All assistance options       Only options that involve moving out of the property

**HARDSHIP INFORMATION**

Date (approximate) that the hardship began: \_\_\_\_\_

Hardship is believed to be:     Short term (up to 6 months)     Long-term or permanent (greater than 6 months) Resolved as of (date): \_\_\_\_\_ I am able to resume making the contractual mortgage payment at this time.**Type of Hardship (Check all that Apply)****Additional Hardship Documentation Required**

<input type="checkbox"/> Unemployment	A copy of your benefits statement or letter detailing the amount, frequency and duration of benefits
<input type="checkbox"/> Reduction in income	Documentation to demonstrate the reduced earnings
<input type="checkbox"/> Increase in housing-related expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	An explanation describing the details of the increase in housing-related expenses and any relevant documentation
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment. Includes personal disaster in which the property experienced an insurable loss	An explanation describing the details of the disaster impacting the property or employment and any relevant documentation
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	A statement from the borrower, or other documentation verifying disability or illness. <b>Note: Detailed medical information is not required, and information from a medical provider is not required.</b>
<input type="checkbox"/> Divorce or legal separation; separation of customers unrelated by marriage, civil union or similar domestic partnership under applicable law	Final divorce decree or final separation agreement or recorded quitclaim deed showing that the non-occupying customer or additional customer has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	Death certificate or obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer.  For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND  Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above:	An explanation describing the details of the hardship and any relevant documentation

**HARDSHIP DESCRIPTION (Required of all applicants or please provide a separate document.)**

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**MONTHLY INCOME**

**Required Income Documentation:** Include the following:

- most recent pay stubs and documentation of year-to-date earnings for all jobs, and
- W2 statements for the prior year for all jobs

**If self-employed and/or receiving rental income, provide:**

- most recent signed and dated quarterly profit and loss statement with year to date earnings,
- most recent two years of complete and signed business tax returns,
- most recent two years of complete and signed personal tax returns, and
- two most recent bank statements for business/rental deposit accounts

<b>Source</b>	<b>Borrower</b>	<b>Co-borrower</b>
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonus		
Self-employment income		
Unemployment benefit income		
Social Security		
Pension Income		
Annuity Income		
Gross Rental Income		
Investment Income		
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)		

<b>CURRENT ASSETS</b>	
<b>Required Asset Documentation:</b> Include copies of the last two monthly statements for all accounts held, excluding retirement accounts. Include business accounts if self-employed or receiving rental income.	
	AMOUNT
Checking Account Bank Name	
Checking Account Bank Name	
Checking Account Bank Name	
Savings/Money Market Account/Certificates of Deposit Bank Name	
Savings/Money Market Account/Certificates of Deposit Bank Name	
Stocks/Bonds (non-retirement accounts)	
Other (please specify)	

**OTHER PROPERTIES OWNED**

Property Address: \_\_\_\_\_

The property is currently my:     Primary Residence     Second Home     Investment Property

The property is (select all that apply):     Owner Occupied     Renter Occupied     Vacant

Value of Home: \_\_\_\_\_    Amount Owed: \_\_\_\_\_

Lender or Servicer Name: \_\_\_\_\_

Monthly Rents Received: \_\_\_\_\_    Monthly Payment: \_\_\_\_\_

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Property Address: \_\_\_\_\_

The property is currently my:     Primary Residence     Second Home     Investment Property

The property is (select all that apply):     Owner Occupied     Renter Occupied     Vacant

Value of Home: \_\_\_\_\_    Amount Owed: \_\_\_\_\_

Lender or Servicer Name: \_\_\_\_\_

Monthly Rents Received: \_\_\_\_\_    Monthly Payment: \_\_\_\_\_

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Property Address: \_\_\_\_\_

The property is currently my:     Primary Residence     Second Home     Investment Property

The property is (select all that apply):     Owner Occupied     Renter Occupied     Vacant

Value of Home: \_\_\_\_\_    Amount Owed: \_\_\_\_\_

Lender or Servicer Name: \_\_\_\_\_

Monthly Rents Received: \_\_\_\_\_    Monthly Payment: \_\_\_\_\_

**BORROWER CERTIFICATION AND AGREEMENT**

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all communications.
3. I acknowledge and agree that WaFd Bank is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to WaFd Bank obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by WaFd Bank of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, 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.
6. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided above or on file with WaFd Bank. I further consent to the receipt of certain documents via electronic mail at any address provided on this application.

\_\_\_\_\_ Initial      \_\_\_\_\_ Initial

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_