### MARQUETTE SAVINGS BANK LOSS MITIGATION APPLICATION

To apply for a Loss Mitigation option, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about <u>all</u> of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Loss Mitigation Application is accurate and truthful.

REMINDER: The loss mitigation package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ, which is attached to this application (4506T for self-employed borrowers or borrowers with rental income); and (3) required income documentation.

| Loan Number  |             |                                |  | (found on your mo  | onthly mortgage statement) |  |  |
|--|-------------|--------------------------------|--|--|----------------------------|--|--|
| I want to:   | Keep the    | e Property 🛛 🗌 Vacate t        | he Property  | Sell the Pro   | perty 🗌 Undecided          |  |  |
| The property is currently:   | ] My Prim   | nary Residence 🗌 A Second      | Home   | ome 🗌 An Investment Property   |                            |  |  |
| The property is currently:   | Owner C     | Occupied 🗌 Renter C            | ccupied  | 🗌 Vacant   |                            |  |  |
| B  | ORROW       | 'ER                            |  | CO-E   | BORROWER                   |  |  |
| BORROWER'S NAME  |             |                                | CO-BORF  | CO-BORROWER'S NAME   |                            |  |  |
| SOCIAL SECURITY NUMBER   | C           | DATE OF BIRTH                  | SOCIAL SE  | CURITY NUMBER  | DATE OF BIRTH              |  |  |
| HOME PHONE NUMBER WITH AREA C  | CODE        |                                | HOME PH  | HOME PHONE NUMBER WITH AREA CODE   |                            |  |  |
| CELL OR WORK NUMBER WITH AREA (  | CODE        |                                | CELL OR V  | CELL OR WORK NUMBER WITH AREA CODE   |                            |  |  |
| MAILING ADDRESS  |             |                                |  |  |                            |  |  |
| PROPERTY ADDRESS (IF SAME AS MAII  | LING ADDRES | ESS, JUST WRITE SAME)          |  | EMAIL ADDRESS  |                            |  |  |
| Date of offer:Am<br>Agent's Name:<br>Agent's Phone Number:   | e, have you | received an offer on the<br>No | Yes<br>If yes, plo<br>Counseld<br>Agency's<br>Counseld | Have you contacted a credit counseling agency for help?          Yes       No         If yes, please complete the counselor contact information below:         Counselor's Name:         Agency's Name:         Counselor's Phone Number:         Counselor's Email Address: |                            |  |  |
| Do you have condominium or hon   |             |                                | s 🗌 No   |  |                            |  |  |
| Total monthly amount: \$ Name and address that fees are paid to:   |             |                                |  |  |                            |  |  |
| Have you filed for bankruptcy?       Yes       No       If yes:       Chapter 7       Chapter 11       Chapter 12       Chapter 13         If yes, what is the filing Date:  |             |                                |  |  |                            |  |  |
| Is any Borrower an active duty service member? Yes No<br>Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? Yes No<br>Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death? Yes No |             |                                |  |  |                            |  |  |

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|---|---|-----------|---|------------------------|--------------|----------------|-------------------------------------|--|-------------|--|
| Monthly Household Income  |   |           | Monthly Household Expenses and Debt<br>Payments |                        |              |                |                                     | Household Assets (associated with the<br>property and/or borrower(s)excluding<br>retirement funds) |             |  |
| Gross wages   | \$  |           | First Mortgage Payment                          |                        | \$           | Checking Acco  | Checking Account(s)                 |  |             |  |
| Overtime  | \$  |           | Second Mortgage Payment                         |                        |              | \$             | Checking Acco                       | Checking Account(s)  |             |  |
| Child Support / Alimony*  | \$  |           | Homeowner's Insurance                           |                        |              | \$             | Savings / Mone                      | Savings / Money Market   |             |  |
| Non-taxable social security/SSDI  | \$  |           | Propert   | roperty Taxes          |              | \$             | CDs                                 | CDs  |             |  |
| Taxable SS benefits or other monthly  | axable SS benefits or other monthly \$  |           | Credit Cards / Installment Loan(s) (total       |                        |              | \$             | Stocks / Bonds \$                   |  | \$          |  |
| income from annuities or retirement   |   |           | minimum payment per month)                      |                        | h)           |                |                                     |  |             |  |
| plans   |   |           |   |                        |              |                |                                     |  |             |  |
| Tips, commissions, bonus and self-  | \$  |           | Alimony, child support                          |                        | nents \$     |                | Other Cash on                       | Other Cash on Hand   |             |  |
| employed income   |   |           | ļ   |                        |              |                |                                     |  |             |  |
| Rents Received  | \$  |           | Car Lease Payments                              |                        |              | \$             | Other Real Estate (estimated value) |  | \$          |  |
| Unemployment Income   | \$  |           | HOA/Condo Fees/Property Maint                   |                        | laintenance  | \$             | Other                               |  | \$          |  |
| Food Stamps/Welfare   | \$  | Mortga    |   | ge Payments on other   | r properties | s\$            |                                     |  | \$          |  |
| Other   | \$  |           | Other   |                        |              | \$             |                                     |  | \$          |  |
| Total (Gross income)  | <b>\$</b> 0   |           | Total Household Expenses a                      |                        | nd Debt      | <b>\$</b> 0    | Total Assets                        |  | <b>\$</b> 0 |  |
| Any other liens (mortgage liens, me   | chanics   |           |   |                        |              |                |                                     |  |             |  |
| Lien Holder's Name Balance and In   |   |           |   | Interest Rate Loan Num |              |                | er Lien Holder's Phone Nu           |  | Number      |  |
|   |   |           |   |                        |              |                |                                     |  |             |  |
|   |   |           |   |                        |              |                |                                     |  |             |  |
|   |   |           |   |                        |              |                |                                     |  |             |  |
|   |   |           | R   | equired Income         |              |                |                                     |  |             |  |
| Employment History     Sales Agreement if house currently for sale and under contract       Desch Assessment (2) most recent statements)  |   |           |   |                        |              |                |                                     |  |             |  |
| <ul> <li>2 most recent years individual tax returns</li> <li>Bank Accounts (2 most recent statements)</li> <li>Business tax returns also if self-employed</li> <li>Verification of valid Homeowner's Insurance</li> </ul>   |   |           |   |                        |              |                |                                     |  |             |  |
| 2 most recent years W-2 forms Paid real estate tax receipts and bills for the most recent period  |   |           |   |                        |              |                |                                     |  |             |  |
| 4 current pay stubs   |   |           |   | Residence H            | History (2   | 2 years)       |                                     |  |             |  |
| Lease and Rental Agreeme  | Lease and Rental Agreements   |           |   |                        |              |                |                                     |  |             |  |
| <b>Do you have any additional sources of income?</b> Provide for each borrower as applicable:   |   |           |   |                        |              |                |                                     |  |             |  |
| "Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:   |   |           |   |                        |              |                |                                     |  |             |  |
| Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).   |   |           |   |                        |              |                |                                     |  |             |  |
| Social Security, disability or death benefits, pension, public assistance, or adoption assistance:  |   |           |   |                        |              |                |                                     |  |             |  |
| Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the   |   |           |   |                        |              |                |                                     |  |             |  |
| provider, and<br>Documentation showing  | the rec   | eipt of I | payme   | nt, such as copies o   | f the two    | most recent k  | oank statement                      | s showing deposit am   | ounts.      |  |
| Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. Rental income:   |   |           |   |                        |              |                |                                     |  |             |  |
| Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss; or  |   |           |   |                        |              |                |                                     |  |             |  |
| If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.            |   |           |   |                        |              |                |                                     |  |             |  |
| Investment income:  |   |           |   |                        |              |                |                                     |  |             |  |
| Copies of the two most recent investment statements or bank statements supporting receipt of this income.   |   |           |   |                        |              |                |                                     |  |             |  |
| Alimony, child support, or separation maintenance payments as qualifying income:* Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount |   |           |   |                        |              |                |                                     |  |             |  |
| of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and  |   |           |   |                        |              |                |                                     |  |             |  |
| Copies of your two most   | Copies of your two most recent bank statements or other third-party documents showing receipt of payment. |           |   |                        |              |                |                                     |  |             |  |
| *Notice: Alimony, child support, o  | or separ  | ate ma    | intena  | nce income need n      | ot be reve   | ealed if you d | o not choose to                     | have it considered for   | or repaying |  |
| this loan.  |   |           |   |                        |              |                |                                     |  |             |  |

## **BORROWER HARDSHIP CERTIFICATION**

As part of my loss mitigation application with Marquette Savings Bank, I/we am/are submitting this form indicating by my/our checkmarks (" ") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

#### Borrower Co-Borrower

| Borrower Co-I | Borrower |  |
|---------------|----------|--|
|               |          | My income has been reduced or lost. For example: unemployment,<br>underemployment, reduced job hours, reduced pay, or a decline in self-<br>employed business earnings. I have provided details below under<br>"Explanation."  |
|               |          | My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."  |
|               |          | My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."   |
|               |          | My cash reserves are insufficient to maintain the payment on my mortgage<br>loan and cover basic living expenses at the same time. Cash reserves include<br>assets such as cash, savings, money market funds, marketable stocks or bonds<br>(excluding retirement accounts). Cash reserves do not include assets that serve<br>as an emergency fund (generally equal to three times my monthly debt<br>payments). I have provided details below under "Explanation." |
|               |          | My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."  |
| Explanation:  |          | There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."   |
|               |          |  |
|               |          |  |
|               |          |  |
|               |          |  |
|               |          |  |
|               |          |  |

Attach additional explanation pages if necessary.

#### Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this loss mitigation application and hardship certification is truthful and the event(s) identified above has/have contributed to my/our need to apply for loss mitigation options for my/our mortgage loan.

2. I/we understand and acknowledge Marquette Savings Bank may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.

3. I/we understand Marquette Savings Bank will pull a current credit report on all borrowers obligated on the Note.

4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this loss mitigation application and hardship certification, Marquette Savings Bank may cancel the Agreement and may pursue foreclosure on my/our home.

5. I/we certify that my/our property is owner-occupied, there has been no change in ownership since the mortgage documents were originally executed, and I/we have not received a condemnation notice.

6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.

7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all communication in a timely manner. I/we understand that time is of the essence.

8. I/we understand that Marquette Savings Bank will use this information to evaluate my/our eligibility for a loss mitigation option or other workout, but is not obligated to offer me/us assistance based solely on the representations in this application and certification.

9. I consent to allowing interior access to the subject property securing the loan so that an updated appraisal or evaluation can be conducted.

10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to Marquette Savings Bank.

11. If I am eligible for a loss mitigation option, I understand that payments due under a loss mitigation option may contain escrow amounts for taxes and insurance. If I was not previously required to pay escrow amounts and the loss mitigation option contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.

Borrower Signature

Date

Co-Borrower Signature

Date

# HOMEOWNERSHIP COUNSELING NOTICE

Housing counseling agencies approved by the U.S. Department of Housing and Urban Development (HUD) can offer independent advice about whether a particular set of mortgage loan terms is a good fit based on your objectives and circumstances, often at little or no cost.

If you are interested in contacting a HUD-approved housing counseling agency in your area, you can visit the Consumer Financial Protection Bureau's (CFPB) website, www.consumerfinance.gov/find-a-housing-counselor, and enter your zip code.

You can also access HUD's housing counseling agency website via www.consumerfinance.gov/mortgagehelp.

For additional assistance with locating a housing counseling agency, call the CFPB at 1-855-411-CFPB (2372).

By signing below, I/we acknowledge that I/we have read and received a copy of this document.

Borrower Signature

Co-Borrower Signature

Date

Date

### DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your cost.

By signing below, I/we acknowledge that I/we have read and received a copy of this document.

Borrower Signature

Co-Borrower Signature

Date

Date