FAX COVER SHEET

Sender's Information		Receiver's Information		
Name:		To: Whitney Bank		
Phone No.:		Fax: 1.504.586.3478		
Subject: WB Modification Request	Existing Whitney Loan No.:	Number of Pages:		

Please	indicate provided information by pla	acing an "x" in the appropriate bo)X.
	Signed and dated Hardship Letter		
	2 months of pay stubs for:		
	2 most recent W-2 forms		
	2 most recent complete tax returns		
	Year-to-Date Profit and Loss Statement	for Self-Employed Borrowers	
	Social Security Income (Award Letter)	for:	
	Evidence of Alimony, Separate Mainte	enance, Spousal and/or Child Suppo	ort Income*
	Supplemental Income or other:		
	Complete bank statements for the last t	wo months	
	Current Homeowners Insurance Policy	1	
	Current Flood Insurance Policy (if appl	icable)	
	Current Wind/Hail Insurance (if applica	ble)	
	Current and/or Delinquent Property Tax	x Information	
	Rental Agreement(s), Purchase Agree: Please reference your loan nun		

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for qualifying for participation in the Loan Modification Program.

Please fax, interoffice, or mail the required documentation to:

Attention: Regulatory Compliance Risk Management

Whitney Bank

228 St. Charles Avenue

Suite 621

New Orleans, LA 70130 Fax: 1.504.586.3478



Whitney Bank's Homeownership Assistance Program Questionnaire

INSTRUCTIONS: Please try to complete as many of the questions as possible. Additional information may be necessary and a Whitney Banker will need to speak with you during the assistance process. (For Consumer Loans/Lines secured by a First Mortgage on Primary Residences only.)

Please bring in copies of: 2 recent consecutive pay stubs, and		EXISTING WHITNEY LOAN NUMBER				
 2 consecutive months of bank statements, and 2 consecutive tax returns						
PART A Borrower Info	ormation					
If your existing mortgage loan is a joint obl	igation and you intend to req	quest joint participation in the Loan Modification	on program, ple	ease sign here:		
		_				
Borrower Signature	_	Co-Borrower Signature				
Borrower Name	Social Security Number	Co-Borrower Name		Social Security Number		
Borrower Phone No. Day () Evening () Cell ()		Co-Borrower Phone No. Day () Evening () Cell ()				
Property Address Street			Mailing Address (if applicable) Street			
City, State, ZIP		City, State, ZIP				
Email Address		Email Address				
Employer (Current) Posi	tion	Employer (Current)	Employer (Current) Position			
Years on Job Emp (oloyer Phone No.	Years on Job	Years on Job Employer Phone No.			
If in current job for less than 5 years, enter your previous employer information below.						
Employer (Previous) Posi	ition	Employer (Previous)	Position			
Years on Job Emp	oloyer Phone No.	Years on Job	Employer Ph	none No.		
PART B Monthly Inco	me					
DESCRIPTION (MONTHLY) 1. Gross Salary/Wages 2. Other Income* 3. Other Additional Income*						

PART C Assets						
DESCRIPTION (MONTHLY) Borrower					Total	
1. Cash/Checking	\$		Co-Borrower \$		\$	ldi
2. 401(k)	\$		\$		<u> </u>	
` '	\$ \$		· ·		\$	
3. Savings	,		\$		\$	
PART D Monthly	Expenses					
DESCRIPTION		M	Ionthly Payment	Balance Due		# Months Delinquent
1. Primary Home Mortgage		\$		\$		
2. Rent payment (if owner not occupying	ng subject property)	\$		\$		
3. Maintenance/Homeowners Associate	ion Fees	\$		\$		
4. Property Taxes		\$		\$		
5. Homeowners Insurance/Flood Insur	ance	\$		\$		
6. Other Mortgages		\$		\$		
7. Automobile Loans		\$		\$		
8. Other Loans		\$		\$		
9. Credit Card (minimum payment)		\$		\$		
10. Alimony/Child Support		\$		\$		
11. Child/Dependent Care		\$		\$		
12. Utilities (water, electricity, gas, cable, etc.)		\$		\$		
13. Telephone (landline and cell phone		\$		\$		
14. Insurance (automobile, health, life)	,	\$		\$		
15. Medical Expenses (uninsured)		\$				
16. Car Expenses (gas, maintenance,	narking)	\$				
17. Groceries and Toiletries	parking)	\$		\$		
18. Other (explain)		\$		\$		
		\$		\$		
19. Other (explain)						
PART E General	Questions	\$		\$		
Circle or write in your answer as ap	-					
Do you occupy this mortgaged prop If you answered "Yes" to question 1, he	· · · · · · · · · · · · · · · · · · ·			Yes		No
How many people in the household				Years:		Months:
Any dependents under the age of 18				1		
Do you have any other debts or ob (Example: second mortgage, home ec	ligations secured by this property?			Yes		No
If you answered "Yes" to question 4, pl						Amount
5. Do you own any other properties? Yes/No If "Yes" how many?				Total Value:		
If you answered "Yes" to question 5: Total Monthly Payment: \$		\$		Total Principal Balance: \$		
	Total Rental Income: \$			Vacant		
6. If currently past due, what is the amount of funds you immediately have available toward your mortgage delinquency?			ailable to apply			
7. In addition to the amount stated aboavailable in 30 days?	ove, what amount will you have					

PART F General Questions (Cont.)
Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of getting behind on your mortgage. (If needed, attach a separate sheet of paper for explanation.)
If past due, what is your proposal for repaying the past due interest, taxes, and/or insurance (if applicable)?

Authorization to Release Information IN ADDITION TO THIS QUESTIONNAIRE AND ITS ATTACHMENTS. THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THE SITUATION THOROUGHLY, SUCH AS: 1. CREDIT REPORTS 2. BANK ACCOUNTS IN THIS DISCLOSURE ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THE REQUEST I ACKNOWLEDGE THAT EVERYTHING I HAVE STATED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN THAT WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN, I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY MORTGAGE LOAN. Borrower Signature Date Co-Borrower Signature Date **AUTHORIZATION TO RELEASE INFORMATION** I/We hereby authorize you to release to Whitney Bank (the "Bank") any and all information that the Bank may request, including but not limited to my/our credit report(s) and any other credit-related information regarding me/us. Thank you. Borrower Signature Date Date Co-Borrower Signature Social Security Number Social Security Number RIGHT TO RECEIVE A COPY OF AN APPRAISAL If we obtain and use an appraisal report in connection with your request to participate in the Loan Modification Program, you have the right to a copy of that appraisal report. If you wish to obtain a copy, please write to us at the mailing address we have provided. We must hear from you no later than 90 days after we notify you about the action taken on your request to participate in the Program or you withdraw your request

to participate. In your letter, please provide us with the names of all borrowers, the loan number, and the subject property address.

Whitney Bank **Regulatory Compliance Risk Management** 228 St. Charles Avenue, Suite 621, New Orleans, LA 70130

Borrower Signature	Date	Co-Borrower Signature	Date
			



