

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 placing an "x" in the appropriate box.

- 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 Maintenance, Spousal and/or Child Support Income*
- Supplemental Income or other: _____
- Complete bank statements for the last two months
- Current Homeowners Insurance Policy
- Current Flood Insurance Policy (if applicable)
- Current Wind/Hail Insurance (if applicable)
- Current and/or Delinquent Property Tax Information
- Rental Agreement(s), Purchase Agreement

NOTE: Please reference your loan number on your documentation.

*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
- 2 consecutive months of bank statements, and
- 2 consecutive tax returns

EXISTING WHITNEY LOAN NUMBER

PART A Borrower Information

If your existing mortgage loan is a joint obligation and you intend to request joint participation in the Loan Modification program, please 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 _____ City, State, ZIP _____		Mailing Address (if applicable) _____ Street _____ City, State, ZIP _____	
Email Address _____		Email Address _____	
Employer (Current)	Position	Employer (Current)	Position
Years on Job	Employer Phone No. () _____	Years on Job	Employer Phone No. () _____

If in current job for less than 5 years, enter your previous employer information below.

Employer (Previous)	Position	Employer (Previous)	Position
Years on Job	Employer Phone No. () _____	Years on Job	Employer Phone No. () _____

PART B Monthly Income

DESCRIPTION (MONTHLY)

1. Gross Salary/Wages _____
2. Other Income* _____
3. Other Additional Income* _____
(SSI, Rental, Second Job, Child Support) _____
4. Total Net Income _____

*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.
Member FDIC. Special credit criteria apply.

PART C Assets

DESCRIPTION (MONTHLY)	Borrower	Co-Borrower	Total
1. Cash/Checking	\$	\$	\$
2. 401(k)	\$	\$	\$
3. Savings	\$	\$	\$

PART D Monthly Expenses

DESCRIPTION	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Rent payment (if owner not occupying subject property)	\$	\$	
3. Maintenance/Homeowners Association Fees	\$	\$	
4. Property Taxes	\$	\$	
5. Homeowners Insurance/Flood Insurance	\$	\$	
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, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other (explain)	\$	\$	
19. Other (explain)	\$	\$	
Total	\$	\$	

PART E General Questions

Circle or write in your answer as appropriate.			
1. Do you occupy this mortgaged property as a Primary Residence?		Yes	No
If you answered "Yes" to question 1, how long at this residence?		Years:	Months:
2. How many people in the household?			
3. Any dependents under the age of 18? If "Yes" how many?			
4. Do you have any other debts or obligations secured by this property? (Example: second mortgage, home equity loan, judgments or liens)		Yes	No
If you answered "Yes" to question 4, please itemize.			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 to apply toward your mortgage delinquency?			
7. In addition to the amount stated above, what amount will you have available in 30 days?			

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)?

