



Modification Loan Documentation

Are you struggling financially? This documentation will help us to determine if we have a program that will assist you. Please send the following documentation to Grow Financial and we will review your paperwork in an attempt to provide you with temporary relief.

Please select your loan type below and provide all of the following documentation:
(If you are applying for assistance on a mortgage *and* another loan, please follow the mortgage documentation list below)

----- VEHICLE / SIGNATURE -----

- Completed and signed updated application, monthly expenses, and monthly income forms (Attached)
- An explanation letter outlining the current financial situation (hardship letter).
- Proof of household income - Last 2 pay stubs for all working borrowers, unemployment determination letter, social security, etc.
- If self-employed (current Profit & Loss statement, YTD business bank statements, etc.)
- Proof of Financial Hardship (e.g., paid medical bill, paid repair bill, etc.)

----- MORTGAGE -----

- Completed and signed updated application, monthly expenses, and monthly income forms (Attached)
- An explanation letter outlining the current financial situation (hardship letter).
- (2) Most recent statements for all checking and savings accounts
- Most current statement for all money market accounts, 401K's, stocks, bonds, mutual funds, etc.
- Proof of household income - Last 2 pay stubs for all working borrowers, unemployment determination letter, social security, etc.
- Last 2 years tax returns
- Proof of hardship (e.g., medical bill, repair bill, etc.)

And for Self Employed members:

- Current Profit & Loss statement or all business bank statements since ending date of last tax return.
- If the home is currently listed, provide the listing agreement

Please return the documentation to Grow Financial in a number of ways.

- In person: Your local branch
- Email: GrowDefaultServicing@growfinancial.org
- Fax: 813-832-2095
- Mail: Grow Financial FCU | PO Box 89947 | Tampa, FL 33689
- Overnight Mail: Grow Financial FCU | 9927 Delaney Lake Dr. | Tampa, FL 33619

Packets with missing documentation will be considered incomplete and will not be reviewed.

*** Please allow 30 days for processing from the date of receiving a completed packet. ***

Updated Application

Grow Financial Account Number: _____

PRIMARY MEMBER INFORMATION

JOINT MEMBER INFORMATION

| | | | |
|-------------------------|------|-------------------------|------|
| Primary Member Name: | | Joint Member Name: | |
| Social Security Number: | | Social Security Number: | |
| Home Phone: | | Home Phone: | |
| Cell Phone: | | Cell Phone: | |
| Work: | Ext: | Work: | Ext: |
| Email Address: | | Email Address: | |

CURRENT PHYSICAL ADDRESS (No PO Box)

CURRENT PHYSICAL ADDRESS (No PO Box)

| | | | |
|----------------------|----------|-------------------|--|
| Street: | | Street: | |
| City, State, Zip: | | City, State, Zip: | |
| ___ Own ___ Rent | | ___ Own ___ Rent | |
| How long at address? | Year(s): | Month(s): | |
| Home Phone: | | Home Phone: | |
| Cell Phone: | | Cell Phone: | |
| Email Address: | | Email Address: | |

PREVIOUS ADDRESS

PREVIOUS ADDRESS

| | | | |
|-------------------|--|-------------------|--|
| Street: | | Street: | |
| City, State, Zip: | | City, State, Zip: | |

EMPLOYMENT INFORMATION

EMPLOYMENT INFORMATION

| | | | |
|-------------------|-----------|-------------------|-----------|
| Employer Name: | | Employer Name: | |
| Employer Number: | | Employer Number: | |
| Street: | | Street: | |
| City, State, Zip: | | City, State, Zip: | |
| Start Date: | | Start Date: | |
| Department: | Position: | Department: | Position: |

REFERENCES

| | | |
|-------------------|-------|-----------------|
| 1 | Name: | Relation: |
| Street: | | Contact Number: |
| City, State, Zip: | | |
| 2 | Name: | Relation: |
| Street: | | Contact Number: |
| City, State, Zip: | | |
| 3 | Name: | Relation: |
| Street: | | Contact Number: |
| City, State, Zip: | | |

You agree as follows: The information herein is an accurate statement of my financial status. Everything stated in this application is correct to the best of my knowledge. You authorize the Credit Union to obtain credit reports in connection with this application. You understand that the Credit Union will rely on this information in this application and your credit report to make its decisions. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you.

Primary Signature: _____ **Date:** _____ **Joint Signature:** _____ **Date:** _____

Monthly Expenses

| Description | Monthly Payment | Balance Due | Number of Months Delinquent |
|--------------------------------------|-----------------|-------------|-----------------------------|
| Mortgage or Land Contract | | | |
| Other Mortgage(s) / Rent | | | |
| Alimony / Child Support | | | |
| Child Care | | | |
| Automobile Loan (1) | | | |
| Automobile Loan (2) | | | |
| Installment Loan (1) | | | |
| Installment Loan (2) | | | |
| Other Loans | | | |
| Visa | | | |
| Master Card | | | |
| Other Credit Cards (list names) | | | |
| Other " " " | | | |
| Other " " " | | | |
| Electricity / Heating | | | |
| Telephone | | | |
| Water / Sewage | | | |
| Automobile Insurance | | | |
| Health Insurance | | | |
| Life Insurance | | | |
| Church | | | |
| Club / Union / Association Dues | | | |
| Doctor / Dentist | | | |
| Medications | | | |
| Hospital | | | |
| Gasoline - Car | | | |
| Car Maintenance | | | |
| Monthly Parking | | | |
| Food - Family | | | |
| School or Work Lunches Purchased | | | |
| New Clothes / Shoes | | | |
| Dry Cleaning | | | |
| Spending Money | | | |
| Cable TV | | | |
| Clubs, Sports & Hobbies | | | |
| Entertainment - Movies, Dinner, etc. | | | |
| Vacations | | | |
| Other | | | |
| TOTAL | | | |

Monthly Income Data

| Description | Monthly Income Weekly / Biweekly / Monthly / Bimonthly Borrower | Monthly Income Weekly / Biweekly / Monthly / Bimonthly Co - Borrower | Total |
|-------------------------|--|---|-------|
| Gross Salary / Wages | | | |
| Overtime Pay | | | |
| Commissions | | | |
| Bonuses | | | |
| Alimony / Child Support | | | |
| Rental Income | | | |
| Business Income | | | |
| Other - Specify | | | |
| Net Income | | | |

AUTHORIZATION AND ACKNOWLEDGMENT

Acknowledgment

I have described my current financial condition with this application and I certify that all information presented herein, as well as, all attachments are true, accurate, and correct to the best of my knowledge. I obtained a Mortgage Loan secured by the above referenced mortgaged property. I understand that submission of this information in no way obligates my, Lender, Mortgage Servicer, Investor, or Insurer to provide assistance to me.

Authorization

By signing this application, I hereby authorize my, Lender, Mortgage Servicer, Mortgage Insurer and their respective agents, successors, and assigns to:

- 1) Order a credit report from any credit reporting agency;
- 2) Verify, when deemed necessary, any current or previous employment, bank account, tax returns, or assets;
- 3) Release and provide any and all of this information to the above parties.

I, therefore, agree that if it is determined that the financial information provided herein has been misrepresented by me and such misrepresentations have induced action by the, Lender, Mortgage Servicer, Investor, and/or Insurer, that would have been taken had the true facts been know, I shall be liable for any or all losses or damages suffered by the, Lender, Mortgage Servicer, Investor, or Insurer.

Submitted this, the ____ day of _____, 20_____.

Borrower Name (print)

Borrower Signature

Co - Borrower Name (print)

Co - Borrower Signature