

# **PRELIMINARY LOSS MITIGATION AFFIDAVIT**

**Case Number:** \_\_\_\_\_

**Date of Filing With Court:** \_\_\_\_\_

**Property Owner(s):** \_\_\_\_\_

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

My name is \_\_\_\_\_. I am authorized to act on behalf of the secured party who is the holder of the beneficial interest in the mortgage or deed of trust which is secured by property at the address listed above. The information in this affidavit is derived from records of the secured party that were made at or near the time of the occurrence of the matters set forth below by, or from information transmitted by, a person with knowledge of those matters. These records were produced and/or maintained in the course of the regularly conducted activity of the secured party as a regular practice of the secured party, and I state the following:

The mortgage loan that is the subject of this foreclosure action may be eligible for loss mitigation and [check all statements that apply]:

- The loan is currently under loss mitigation analysis, but the analysis has not yet been completed.
- The secured party or a representative of the secured party has not been able to obtain all documentation and information necessary to conduct the loss mitigation analysis.

Required additional documentation to complete loss mitigation analysis [list documents required]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The secured party or a representative of the secured party has not been able to establish communication with the borrower.
- Other \_\_\_\_\_.

I solemnly affirm under the penalties of perjury and upon personal knowledge based on review of the records described herein or attached hereto that the contents of this affidavit are true.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Affiant

## **NOTICE OF FORECLOSURE ACTION**

**A foreclosure sale of this property may occur as soon as 68 days from this notice if you do not respond**

If you own and live in this home, you may qualify for alternatives to foreclosure, but you must act quickly.

### **We have included:**

- **Preliminary Loss Mitigation Affidavit** – this is a legal document completed by your mortgage company (sometimes referred to as servicer) explaining that they have not completed an evaluation of your loan for possible alternatives to foreclosure and why.
- **Loss Mitigation Application** – this is the application that your mortgage company will review to see if you qualify for alternatives to foreclosure. If you need help completing this form, please contact a HUD certified housing counselor (information below).
- **Addressed Envelope to mail the Loss Mitigation Application.**

You are not alone. There are free resources available in Maryland:

**TO ACCESS FREE HOUSING COUNSELING SERVICES,  
CALL THE MARYLAND HOPE HOTLINE AT  
1-877-462-7555 OR GO TO [WWW.MDHOPE.ORG](http://WWW.MDHOPE.ORG)**

### **What happens if you do nothing?**

In 28 days or more, you will receive a **Final Loss Mitigation Affidavit**, which will include a form to request **FORECLOSURE MEDIATION**.

- You qualify for foreclosure mediation only after the Final Loss Mitigation Affidavit has been filed with the court.
- You will have only 25 days to request foreclosure mediation after you receive the Final Loss Mitigation Affidavit so it is important that you continue to open your mail.

**Beware of anyone offering to “save” your home or requesting an upfront fee before providing assistance.** This is illegal in the State of Maryland. *If you believe you have been a victim of a scam, please contact the Office of the Maryland Commissioner of Financial Regulation by calling 410-230-6077 or visiting <http://www.dllr.state.md.us/finance/>.*

***BEFORE YOU MAIL THE LOSS MITIGATION APPLICATION,  
MAKE A COPY FOR YOUR RECORDS***



# **FORECLOSURE MEDIATION INSTRUCTIONS**

## **Requirements For Document Exchange And Important Information Regarding Proceedings**

---



**Circuit Court Case Number:** \_\_\_\_\_

**OAH Case Number:** \_\_\_\_\_

**Foreclosure Mediation Date/Time:** \_\_\_\_\_

**Location of Foreclosure Mediation:** \_\_\_\_\_

### **IMPORTANT NOTICE ABOUT YOUR REQUEST FOR FORECLOSURE MEDIATION:**

By law, you are required to provide certain documents and information to the designated representative of your mortgage company and to the Office of Administrative Hearings (OAH) prior to the foreclosure mediation. These instructions describe the documents and information you are required to provide and how and when they must be provided.

**NOTE: IF YOU HAVE ALREADY SUBMITTED DOCUMENTS TO THE OFFICE OF ADMINISTRATIVE HEARINGS, YOU SHOULD NOT SEND A DUPLICATE COPY OF THE DOCUMENTS.**

#### **1. The borrower(s) shall provide:**

(a) Prior to the foreclosure mediation, a copy of:

- a completed Borrower(s) Information Worksheet (attached);
- the borrower(s)' Request for Foreclosure Mediation (copy of the one you sent);
- each borrower's signed federal income tax returns (including all schedules and attachments-ALL PAGES) for the two (2) most recent tax years;
- the most recent bill and proof of payment for property taxes and insurance, only if you pay directly, and not through your mortgage payment;
- any previous loan modifications (if applicable); and
- the most recent statement for any other loan you may have on your property, if applicable (such as a home equity loan or second mortgage), showing the name, mailing address, and telephone number of the lender(s) in question;

(b) At the foreclosure mediation, a copy of:

- proof of each borrower's pay (paystub or benefits statements) issued within the last thirty (30) days, covering one (1) month of pay;
- two (2) most recent paystubs or benefits statements (issued within the last forty-five (45) days) for any member of the borrower's household whose income is to be counted toward payment of the mortgage; and
- all pages of each borrower's two (2) most recent bank statements issued within the preceding sixty (60) days.

**2. The lender, or representative of the lender, shall provide to OAH and borrower(s) if not already provided:**

- borrower(s)' Loss Mitigation Application (only need to provide to OAH);
- name and contact information (telephone number, mailing and e-mail address) of the individual(s) who will represent the secured party at the foreclosure mediation and will either have authority to settle or be able to readily contact someone with authority to settle the matter at foreclosure mediation (only need to provide to OAH);
- Notice of Intent to Foreclose;
- Order to Docket (including attachments);
- Final Loss Mitigation Affidavit;
- borrower(s)' payment history;
- correspondence log of account activities, including servicer contacts with borrower(s), from the time the loan went into default until the date of submission; and
- separately as to each loss mitigation option considered for the borrower(s), documentation of the basis for denial including:
  - the specific data inputs and their sources
  - an explanation of each specific factor relied upon
  - relevant portion(s) of investor guidelines
  - property valuation, if any

**3. Timing/Method of Sending.**

Documents and information required to be provided to the other party and to the Office of Administrative Hearings must be by one of the following methods at the times indicated:

- First-class U.S. mail, postage paid – send no later than twenty-three (23) days before the scheduled date of the foreclosure mediation.
- Next-day air service or hand delivery – ensure delivery no later than twenty (20) days before the scheduled date of the foreclosure mediation.
- By electronic delivery as directed by the Office of Administrative Hearings.

**4. Newly Acquired Documents or Information.**

If you get new information or documents after the initial disclosure, use the following instructions to disclose:

- If the new documents or information are obtained seven (7) or more days prior to the scheduled date of the foreclosure mediation, the party obtaining the new material shall deliver to the other party and the Office of Administrative Hearings the newly obtained documents or information within one (1) day of receipt by sending the materials by first class U.S. mail, postage paid, or by sending via a next-day air service or hand delivery.
- If the new documents or information are obtained six (6) or fewer days prior to the scheduled date of the foreclosure mediation, the party obtaining the new material shall deliver it to the other party by facsimile or hand delivery and to the Office of Administrative Hearings at the time of the foreclosure mediation.

**5. Addresses.**

- The borrower(s) shall send all required documents and information to the lender, or representative of the lender, at the address of the lender, or representative of the lender, set forth in the Final Loss Mitigation Affidavit filed with the court.

- The lender, or representative of the lender, shall send all required documents and information to the borrower(s) at the borrower(s) address set forth on the Request for Foreclosure Mediation form completed by the borrower(s).

- Each party shall send all required documents to:

Maryland Office of Administrative Hearings  
Attn: Foreclosure Unit  
11101 Gilroy Road  
Hunt Valley, Maryland 21031

**6. Bring Documents to the Foreclosure Mediation.**

Each party shall bring copies of all documents they have provided to the other party to the scheduled foreclosure mediation.

**7. Other Important Information Regarding Foreclosure Mediation.**

- Authority to Settle:

The person representing the secured party must have authority to settle or be able to readily contact a person with authority to settle the matter.

- Postponement Rules:

(a). A request for postponement shall be considered only if the party requesting the postponement establishes good cause for the postponement.

(b). Except as provided in paragraph (d) below, a request for postponement shall be made in writing and filed with the Office of Administrative Hearings and mailed to the other party not less than five (5) days before the scheduled foreclosure mediation.

(c). Documentation of the reasons for the postponement may be required from the party making the request.

(d). Emergency Request for Postponement:

i. For purposes of this paragraph, “emergency” means a sudden, unforeseen occurrence requiring immediate attention that arises within five (5) days of the foreclosure mediation date.

ii. In an emergency, a request for postponement may be made by telephone.

(e). When practicable, all parties to the proceeding shall be contacted before a ruling on a postponement request is made by the Office of Administrative Hearings.

---

***IF YOU HAVE QUESTIONS REGARDING THIS MATTER,  
CALL THE OAH, FORECLOSURE UNIT, AT 410-229- 4246.***



# BORROWER(S) INFORMATION WORKSHEET

(FORM TO BE SUBMITTED WITH DOCUMENT EXCHANGE)



OAH Case Number: \_\_\_\_\_ Name of Borrower(s): \_\_\_\_\_

### A. Household Expenses

Fixed Monthly Expenses	Payment
Mortgage	\$
Second Mortgage	\$
Condo/Homeowner Association Fees	\$
Gas and Electric	\$
Heating Oil	\$
Water and Sewer	\$
Phone	\$
Car Payment 1	\$
Car Payment 2	\$
Auto Insurance	\$
Life Insurance	\$
Medical Insurance	\$
Alimony/Child Support	\$
Alarm System	\$
Property Taxes/Insurance	\$
Other/Credit Card Payment(s) from Section E	\$
<b>Sub-Total</b>	\$

Variable Monthly Expenses	Payment
Groceries	\$
Eating Out	\$
Gas	\$
Bus/Taxi/Parking Fees	\$
Car Repairs	\$
Toiletries/Hair Care	\$
Medical Expenses	\$
Day Care/Babysitters	\$
Internet/Cable Television	\$
Clothing/Laundry	\$
Cigarettes/Alcohol	\$
Church/Charity	\$
Entertainment/Lottery	\$
Pet care/food	\$
Cell Phone	\$
Tuition/Education	\$
Other	\$
<b>Sub-Total</b>	\$

<b>Total Monthly Expenses</b>	\$
-------------------------------	----

### B. Your Monthly Income

Gross Income	Net Income (after taxes and deductions)
\$	\$

### C. Spouse/Partner's Monthly Income

Gross Income	Net Income (after taxes and deductions)
\$	\$

### D. Other Household Monthly Income

Gross Income	Net Income (after taxes and deductions)
\$	\$

### E. Credit Cards and Other Debt

Creditor Name	Payment	Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

### F. Surplus/Deficit

Total Net Monthly Household Income (B+C+D)	\$
- Total Monthly Expenses (A)	\$
<b>= Monthly Surplus/Deficit</b>	\$

**LOSS MITIGATION APPLICATION**

**See Instructions corresponding with numbers in brackets {} on form**

Loss Mitigation Application page 1

COMPLETE ALL PAGES OF THIS FORM

Loan Number: **{1}** (at least last 4 digits)

Servicer: **{2}**

BORROWER {3}		CO-BORROWER {4}	
Borrower's Name		Co-Borrower's Name	
Social Security No.	Date of Birth	Social Security No.	Date of Birth
Home phone number, with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

**I want to: {5}**     Keep the Property     Sell the Property

**The property is my:**     Primary Residence     Second Home     Investment

**The property is:**     Owner Occupied     Renter Occupied     Vacant

Mailing address: **{6}**

Property address (if same as mailing address, just write "same") \_\_\_\_\_ E-mail address \_\_\_\_\_

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>{7}</b> Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of offer \$ _____ Agent's Name? _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>{8}</b> Have you contacted a housing-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Counselor's Name: _____ Agency Name: _____ Counselor's Phone Number: _____ Counselor's E-mail: _____
---	---

Who pays the real estate tax bill on your property: <b>{9}</b> <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	Who pays the hazard insurance premium for your property? <b>{10}</b> <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: _____ Insurance Co. Tel #: _____
--	---

Have you filed for bankruptcy?     Yes  No    If yes:  Chapter 7     Chapter 13    Filing Date: \_\_\_\_\_ **{11}**  
 Has your bankruptcy been discharged?  Yes  No    Bankruptcy case number: \_\_\_\_\_

**Additional Liens/Mortgages or Judgments on this property: {12}**

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT {13}**

I am requesting review under your loss mitigation program.  
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

<input type="checkbox"/> Other: _____
Explanation (continue on back of page 3 if necessary): _____ _____

**INCOME/EXPENSES FOR HOUSEHOLD <sup>1</sup>**

Number of People in Household: **{14}**

Monthly Gross Wages {15}	\$	First Mortgage Payment {26}	\$	Checking Account(s) {37}	\$
Overtime {16}	\$	Second Mortgage Payment {27}	\$	Checking Account(s) {38}	\$
Child Support/ Alimony {17} / Separation <sup>2</sup>	\$	Insurance {28}	\$	Savings/ Money Market {39}	\$
Social Security / SSDI {18}	\$	Property Taxes {29}	\$	CDs {40}	\$
Other monthly income from pensions, annuities or retirement plans {19}	\$	Credit Cards / Installment Loan(s) (total minimum payment per month) {30}	\$	Stocks / Bonds {41}	\$
Tips, commissions, bonus and self-employed income {20}	\$	Alimony, child support payments {31}	\$	Other Cash on Hand {42}	\$
Rents Received {21}	\$	Net Rental Expenses {32}	\$	Other Real Estate (estimated value) {43}	\$
Unemployment income {22}	\$	HOA/Condo Fees / Property Maintenance {33}	\$	Other: _____ _____ {44}	\$
Food Stamps / Welfare {23}	\$	Car Payments {34}	\$	Other: _____ _____ {45}	\$
Other (investment income, royalties, interest, dividends etc.) {24}	\$	Other: _____ _____ {35}	\$	Do not include the value of life insurance or retirement plans when calculating assets (401K, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income) {25}</b>	<b>\$</b>	<b>Total Debt / Expenses {36}</b>	<b>\$</b>		

**INCOME MUST BE DOCUMENTED**

<sup>1</sup> Include combined monthly income and expenses from the borrower and co-borrower (if any). If this includes income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup> You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**LOSS MITIGATION APPLICATION  
ACKNOWLEDGMENT AND AGREEMENT**

*In making this request for consideration under your loss mitigation program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, \_\_\_\_\_, or its agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate the law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any loss mitigation agreement and may pursue foreclosure on my home.
5. That my Property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification, short sale, or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to housing counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any loss mitigation agreement to any third party that needs this information to process this application, including but not limited to: any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate liens (if applicable) mortgage loan(s); any companies that perform support services in conjunction with my mortgage; any HUD-certified housing counselor; and government regulators.

{47} \_\_\_\_\_  
 Borrower Signature Date

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

**Maryland HOPE Hotline**

Call the Maryland HOPE hotline at 1-877-462-7555 or go to [www.MDHOPE.org](http://www.MDHOPE.org) for information on housing counseling.

**Instructions for Completing Loss Mitigation Application**

The numbers for each item below correspond to the same numbers in the form above.

- {1} Your loan number on your mortgage loan statement.
- {2} Your loan “Servicer” is the financial institution that collects your monthly payment.
- {3} The borrower section must include information on the person whose name is on the “Note” for the mortgage loan.
- {4} The co-borrower is a second person on the note for the mortgage loan. Do not fill out this section for someone who is not obligated on the note for the mortgage loan.
- {5} For this section you should choose one option for each question.
- {6} Please provide a mailing address and a residential “Property” address if different. The Property address should correspond to the mortgage for which you are submitting a Loss Mitigation Application.
- {7} If your Property is not listed for sale, you do not need to fill out the rest of Section 7. Only include offers for sale that you received in the past year.
- {8} Counselors are available free of charge and can be located on the Maryland Hope website [www.MDHOPE.org](http://www.MDHOPE.org).
- {9} If your real estate taxes and property insurance are part of the monthly payment that you make to your servicer, select “lender does.” “HOA” means Homeowner’s Association.
- {10} If your hazard insurance premium is part of the monthly payment that you make to your servicer, select “lender does.” “HOA” means Homeowner’s Association.
- {11} The filing date indicates when you officially filed for bankruptcy. Only check the “yes” box for a discharged bankruptcy if you no longer owe any obligations.
- {12} Additional liens include second (or third) mortgages and home equity lines of credit.
- {13} Please select as many hardships as apply to your situation. You can use the extra lines to explain your hardship, though extensive explanations could delay the processing of your application.
- {14} Indicate the total number of people in your household.
- {15} Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.
- {16} This amount should be listed on a current pay stub.
- {17} If you receive child support, alimony, or separation maintenance income, you are not required by law to report it. You should only include this amount if you would like it to be included in the income calculation.
- {18} SSDI means Social Security/Disability Income.
- {19} Only include if you are retired and collecting income from retired funds.
- {20} If reported, this amount will be on your pay stub.
- {21} Only include rental income if used as part of your overall income.
- {22} You must have at least nine months of unemployment income to report on this form.

{23} Report the amount indicated on your benefits letter. You must provide a copy of this letter as documentation of this income.

{24} Add all other income and report sum in this box.

{25} Add all amounts in income column (boxes 15-24) and report sum.

{26} This amount can be found on your statement for your first mortgage.

{27} If applicable, this amount can be found on the statement for your second mortgage or home equity lines of credit.

{28} This refers only to homeowner's insurance and should be reported only if you pay this yourself.

{29} Only report these taxes if you pay them yourself.

{30} Add all credit cards and installment payments and report sum here.

{31} If you are responsible for paying child support or alimony, you must report the amount here.

{32} Report amount if your total rental income does not cover your total rental expenses.

{33} "HOA" means Homeowner's Association.

{34} Include car payments only if you are the owner of the vehicle.

{35} Include any other pertinent household expenses.

{36} Add all amounts in expense column (boxes 26-35) and report sum.

{37}-{39} Report amounts for all accounts, if applicable.

{40} "CDs" means certificates of deposit.

{41}-{42} Report amounts for all accounts, if applicable.

{43} Include estimated value for all other properties owned.

{44}-{45} Report any other assets other than the value of life insurance or retirement plans, including 401K, pension funds, IRAs, Keogh plans, etc.

{46} Add all amounts in assets column (boxes 37-45) and report sum.

{47} Please be sure to read the entire Loss Mitigation Application Acknowledgement and Agreement before signing. Do not leave off a signature as this will decrease efficient document processing.