



General Electric Credit Union

Mortgage Assistance Application

Member Number: _____ Account Number: _____

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to General Electric Credit Union via mail: General Electric Credit Union, Loss Mitigation, 10485 Reading Road, Cincinnati, OH 45241, fax: (513) 733-0210 or e-mail: lossmitigation@gecreditunion.org. We will contact you within 5 business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact General Electric Credit Union at (800) 542-7093 and ask for Loss Mitigation.

For a list of Hud-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling.
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp.

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Member's Name: _____

Social Security Number (last 4 digits): _____ Date of Birth: _____

E-mail Address: _____

Primary Phone Number: _____ Cell Home Work Other

Alternate Phone Number: _____ Cell Home Work Other

Co-Member's Name: _____

Social Security Number (last 4 digits): _____ Date of Birth: _____

E-mail Address: _____

Primary Phone Number: _____ Cell Home Work Other

Alternate Phone Number: _____ Cell Home Work Other

Preferred contact method (choose all that apply): Cell Phone Home Phone Work Phone E-mail

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing Address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner Occupied Renter Occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to GECU Undecided

Is the property listed for sale: Yes No -If yes, provide the listing agent's name and phone number – or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No - If yes, indicate monthly dues: \$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	None Required
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	None Required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment.	None Required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or Member's place of employment	None Required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a Member/Co-Member or dependent family member.	Written statement from the Member, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	Final divorce decree or final separation agreement OR Recorded quitclaim deed
<input type="checkbox"/> Separation of Members unrelated by marriage, civil union, or similar domestic partnership under applicable law.	Recorded quitclaim deed OR Legally binding agreement evidencing that the non-occupying member or co-member has relinquished all rights to the property
<input type="checkbox"/> Death of a Member or death of either the primary or secondary wage earner	Death Certificate OR Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other - hardship that is not covered above: _____ _____ _____ _____	Written explanation describing the details of the hardship and any relevant documentation

Member Income

Please enter the income of all signers in the middle column.

MONTHLY TOTAL MEMBER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips and bonuses	\$	Most recent pay stub and documentation of year-to-date earnings if not on a pay stub OR Two most recent bank statements showing income deposit amounts.
Self-employment income	\$	Two most recent bank statements showing self-employed income deposit amounts OR Most recent signed and dated quarterly or year-to-date profit/loss statement OR Most recent complete and signed business tax return OR Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance and other public assistance	\$	Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Rental Income (rents received, less expenses other than mortgage expense)	\$	Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks
Investment or insurance income	\$	Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support or separate maintenance income if you choose to have it considered for repaying this loan)	\$	Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Current Member Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA) and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Current Member Liabilities

MONTHLY TOTAL DEBT / EXPENSES TYPE & AMOUNT	
First Mortgage Payment	\$
Second Mortgage Payment	\$
Insurance	\$
Property Taxes	\$
Credit Card(s)/Installment Loans(s) (Total minimum payment per month)	\$
Alimony, Child Support Payment(s)	\$
Other	\$

If the property is for sale, have you received an offer on the property? Yes No - If yes, please provide the following:

Date of offer: _____ Amount of offer: \$ _____

Have you contacted a housing-counseling agency to help? Yes No - If yes, please provide the following:

Counselor's Name: _____ Agency: _____ Phone: _____

Who pays the real estate tax bill on your property? Self-Paid Lender Paid Paid by Condo or HOA

Who pays the hazard insurance premium for your property? Self-Paid Lender Paid Paid by Condo or HOA

Have you filed for Bankruptcy? Yes No - If yes, filing date: _____ Bankruptcy Case #: _____

Has your bankruptcy been discharged? Yes No not applicable - If yes, date of discharge: _____

Member Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance application is truthful, and the hardship identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my credit union with all required documents, including supporting documentation as requested, and will respond in a timely manner to all credit union or authorized third party* communications.
3. I acknowledge and agree that my credit union is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the credit union or authorized third party* obtaining a current credit report for the member and co-member.
5. I consent to the disclosure by the credit union, authorized third party* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of the member certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or e-mail address I have provided to the credit union or authorized third party.*

*An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Member signature: _____ Date: _____

Co-Member signature: _____ Date: _____

Sworn and subscribed before me on this _____ day of _____ 20_____

_____(Seal) Notary Public

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We will use the information you provided to help us identify the assistance you may be eligible to receive.

For FHA accounts: If you have questions about the program that your servicer cannot answer or need further counseling you can call the Homeowner's Hope Hotline at 1-888-995-HOPE (4763). The Hotline can help with questions about the program and offers free HUD-certified counseling services. Please be sure to read the Federal Housing Administration, SAVE YOUR HOME, Tips to Avoid Foreclosure. Insert included in this packet.