COVEY FINANCIAL

REQUEST FOR MORTGAGE ASSISTANCE · LOSS MITIGATION APPLICATION

If you are experiencing a financial hardship and are having difficulty making your mortgage payments, you may be eligible for assistance. To be considered for all available options, please complete this entire application, sign it, and return it together with the supporting documents listed in Section 8. There is no fee to apply.

Once we receive your application, we will review it and let you know within 5 business days whether it is complete or whether we need additional information. We will evaluate a complete application and notify you in writing of the options for which you may qualify. Submitting this application does not guarantee that you will be approved for, or offered, any particular form of assistance.

IMPORTANT — PLEASE READ

Beware of anyone who asks you to pay a fee in exchange for counseling or a loan modification, or who advises you to stop paying your mortgage or to send payments to anyone other than Covey Financial. Free, HUD-approved housing counseling is available (see Section 10). If any language in this application is unclear, contact us and we will assist you.

1. Loan & Borrower Information

Loan / Account number:

Property address (street, city, state, ZIP):

	BORROWER	CO-BORROWER
Full legal name		
Social Security number		
Date of birth		
Primary phone		
Alternate phone		
Email address		
Mailing address (if different from property)		
Preferred method of contact		
Best time to reach you		

If you want income from alimony, child support, or separate maintenance to be considered, you may disclose it in Section 4. You are not required to disclose such income if you do not want it considered.

Number of people living in the household: _____

Has a bankruptcy been filed? ☐ No ☐ Yes — Chapter: ____ Filing date: _____ Case #: _____

2. Property Information & Your Intentions

The property is my (check one):

☐ Primary residence ☐ Second home ☐ Investment / rental property

The property is (check all that apply):

☐ Owner-occupied ☐ Renter-occupied ☐ Vacant ☐ Condemned or uninhabitable

Is the property currently listed for sale?

☐ No ☐ Yes — Listing date: _____ Agent name & phone: _____ Have you received an offer? ☐ No ☐ Yes (amount): _____

Is the property subject to a homeowners' association (HOA) or condominium association?

☐ No ☐ Yes — are dues current? ☐ Yes ☐ No (amount past due): _____

I want to (check one):

☐ Keep the property ☐ Sell the property ☐ Transfer ownership of the property to my lender (deed-in-lieu) ☐ Undecided

3. Hardship Affidavit

The hardship that caused me to fall behind (or that I expect will cause me to fall behind) began on or about: _____ (date), and is: ☐ Short-term (up to 6 months) ☐ Long-term or permanent (more than 6 months) ☐ Resolved as of _____

TYPE OF HARDSHIP (check all that apply)	SUPPORTING DOCUMENTATION
☐ Unemployment / job loss	*Not required*
☐ Reduction in income (e.g., loss of overtime, reduced hours, lower base pay, loss of a wage earner)	*Not required*
☐ Increase in housing-related expenses outside your control (e.g., uninsured loss, higher taxes, HOA special assessment)	*Not required*
☐ Disaster (natural or man-made) affecting the property or your place of employment	*Not required*
☐ Long-term or permanent disability, or serious illness of a borrower, co-borrower, or dependent family member	*Written statement, or other documentation verifying the disability or illness. Detailed medical information is NOT required.*
☐ Divorce or legal separation	*Final divorce decree, legal separation agreement, or recorded quitclaim deed*
☐ Separation of borrowers unrelated by marriage, civil union, or similar law	*Recorded quitclaim deed, or legally binding separation agreement*
☐ Death of a borrower, co-borrower, joint tenant, or primary/secondary wage earner	*Death certificate, or obituary/newspaper article reporting the death*
☐ Distant employment transfer or relocation (including active-duty military PCS orders)	*For employment transfer: statement from employer or relocation letter. For military: a copy of Permanent Change of Station (PCS) orders.*
☐ Business failure	*Tax return from the prior year (with all schedules), and proof the business is closed or evidence of a failed business*
☐ Other — describe below	*Written explanation of the hardship and any supporting documentation*

Please explain your hardship — what happened, how it has affected your ability to pay, and what you have done to try to resolve it:

4. Monthly Household Income

Enter gross (before-tax) monthly amounts. Attach the income documentation listed in Section 8.

INCOME SOURCE	BORROWER (monthly)	CO-BORROWER (monthly)
Gross wages / salary		
Overtime, tips, commissions, or bonuses		
Self-employment / business net income		
Unemployment benefits		
Social Security, SSDI, SSI, pension, or retirement		
Disability or insurance benefits		
Rental / boarder income		
Alimony, child support, or separate maintenance*		
Other (describe): _____		
TOTAL		

**You need not disclose alimony, child support, or separate maintenance income unless you want it considered in evaluating your request.*

5. Monthly Household Expenses & Debts

EXPENSE / DEBT	MONTHLY AMOUNT
First mortgage payment (P&I; include escrow if applicable)	
Other mortgages or liens on this property	
Property taxes (if not escrowed)	
Homeowner's / hazard insurance (if not escrowed)	
HOA / condominium dues or fees	
Credit cards & installment loans (total minimum)	
Auto loan / lease payments	
Alimony / child support paid out	
Utilities (electric, gas, water, phone, internet)	
Food, transportation, medical & other living expenses	
Other (describe): _____	
TOTAL	

6. Assets

Estimated value of the assets you own. Do not include retirement funds you cannot access.

ASSET	ESTIMATED VALUE
Checking account(s)	
Savings / money market account(s)	
Cash on hand	
Stocks, bonds, or CDs	
Other real estate (estimated value)	
Other liquid assets (describe): _____	
TOTAL	

7. Other Liens & Housing Counseling

List any other mortgages, liens, or judgments on the property (lienholder, balance, monthly payment):

Are you working with a housing counselor or attorney regarding this hardship? ☐ No ☐ Yes

If yes — name, agency, and phone number:

8. Documents You Must Return With This Application

- ☐ A copy of a government-issued photo ID for each borrower who signs this application.
- ☐ Proof of income for each wage earner: your two most recent pay stubs (covering at least 30 days), OR if self-employed, your most recent quarterly or year-to-date profit-and-loss statement.
- ☐ Your two most recent bank statements (all pages) for each account.
- ☐ If applicable: award letters or benefit statements for Social Security, disability, pension, unemployment, or other benefit income.
- ☐ Your most recent federal income tax return with all schedules (self-employed applicants: prior-year return required).
- ☐ Any documentation supporting your hardship, as noted in Section 3.

Please write your loan number on every page you submit. We will contact you if we need anything else to complete our review.

9. Borrower Certification & Agreement

By signing below, each applicant certifies and agrees:

1. All of the information in this application is true, accurate, and complete, and the hardship I identified contributed to my need for mortgage assistance. I understand that knowingly submitting false information may violate federal and state law and may disqualify me from assistance.
2. I agree to provide Covey Financial with all required documents and any additional supporting documentation it requests, and to respond promptly to all communications from Covey Financial or its authorized representatives.
3. I understand that Covey Financial is not obligated to offer me any assistance based solely on the statements in this application or other documents I submit, and that any assistance offered is subject to the approval of the owner or investor of my loan and any applicable insurer or guarantor.
4. I authorize Covey Financial and its agents to verify the information in this application and to obtain a current credit report, and I authorize the release of my information to, and the exchange of information with, the owner, investor, insurer, guarantor, or servicer of my loan, and their service providers, for the purpose of evaluating and administering my request, verifying information, and performing audit and quality-control reviews.
5. I understand that Covey Financial may report information about my account, including any assistance I receive and my payment history, to credit reporting agencies, and that being past due or receiving certain assistance may affect my credit.
6. I understand that if I have intentionally defaulted on my mortgage, engaged in fraud, or misrepresented any fact in connection with this request, I may not be eligible for assistance.
7. I consent to being contacted by Covey Financial at any telephone number, including a mobile number, or email address I have provided, concerning my account and this request.

Signatures

Borrower signature _____ Date _____

Borrower printed name _____

Co-borrower signature _____ Date _____

Co-borrower printed name _____

10. Important Notices & Disclosures

Housing counseling.
Free HUD-approved housing counseling is available to help you understand your options. Contact the U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling, or the Consumer Financial Protection Bureau at (855) 411-2372 or www.consumerfinance.gov/find-a-housing-counselor. You may also be eligible for assistance from your state's Housing Finance Agency.

Equal Credit Opportunity Act.
The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance for Covey Financial is the Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

Servicemembers.
If you or your co-borrower is a servicemember on active duty or a dependent of one, you may be entitled to certain protections under the Servicemembers Civil Relief Act (SCRA), including with respect to interest rates and foreclosure. Please notify us so we can assist you.

How we use your information.
Covey Financial handles your personal information in accordance with its privacy policy and applicable law, including the Gramm-Leach-Bliley Act. We use the information you provide to evaluate and administer your request and to communicate with the owner, investor, insurer, or guarantor of your loan and their service providers.

Errors and information requests.
If you believe an error has occurred regarding the servicing of your loan, or if you would like information about your loan, you may send a written notice of error or request for information to Covey Financial at the address below. We will acknowledge and respond as required by federal law.

HOW TO RETURN THIS APPLICATION

Please return your completed, signed application and all supporting documents to Covey Financial:
Email: Staff@coveyfin.com Fax: 210-618-0561 Text: 210-610-6250
Mail: Covey Financial, LLC, 8626 Tesoro Drive, Suite 505, San Antonio, TX 78217

Covey Financial, LLC — NMLS #1775323. This communication is from a debt collector and is an attempt to collect a debt; any information obtained will be used for that purpose. If you are a debtor in an active bankruptcy case or have received a discharge, this is provided for informational purposes only and is not an attempt to collect a debt.

For Covey Financial Use Only

This page is not part of the borrower submission.

Date application received	
Received via (mail / fax / email / text)	
Reviewed by	
Date reviewed for completeness	
Complete? (Y / N)	
If incomplete, date missing-info notice sent	
Date acknowledgment sent to borrower	
Loan status / days delinquent	
Investor / owner	
Applicable state loss-mit requirements checked (Y/N)	
Evaluation outcome / options offered	
Date decision notice sent	