cîtîmortgage

CitiMortgage, Inc. P.O. Box 9446 Gaithersburg, MD 20898-9446 www.citimortgage.com

Date

Borrower Name Co-Borrower Name Address City, State Zip

RE: CitiMortgage Loan #: <

Dear CitiMortgage Customer (s):

In response to your recent inquiry regarding assistance with your mortgage, enclosed is a financial information form for you to complete and return to us for review. At CitiMortgage, Inc., we look at mortgages as partnerships. You, of course, are responsible for payments. But it is up to us to help you find the payment arrangement that is right for you. That is exactly what we would like to do at this time. While only available under certain circumstances, it may be possible to avoid foreclosure through the use of a Workable Solution alternative. Here are a few of the possible ways we may be able to help you keep your home:

- Repayment Plan / Special Forbearance after a temporary suspension or reduction of your loan payments, you resume making your regular payment plus a portion of the past-due payments until you are caught up.
- Loan Modification if you have the ability to make payments but need more assistance than a forbearance plan, we can alter one or more terms of your original loan to allow you to repay the past-due amount over the remaining life of your loan.
- Claim Advance / Partial Claim if your loan is insured, you may qualify to receive an interest-free loan that will bring your mortgage current immediately.

If we are unable to find a solution to help you keep your home or you do not wish to keep your home, we have additional alternatives to foreclosure that may include monetary assistance to satisfy other lien holders or help pay moving costs:

- Pre-Foreclosure Sale we can allow you time to sell your home for it's market value
 to a qualified purchaser and pay us the sale proceeds to satisfy the debt, even if the
 proceeds are less than the total amount owed.
- Deed-in-Lieu of Foreclosure if you are unable to sell your home after a specified
 period of time, we may be able to accept the property itself as settlement of the
 account.

You can also find additional information regarding loss mitigation at the following web site that is hosted by HUD but consists of combined information from various industry partners: "Help for Homeowners Facing the Loss Of Their Home" at

http://www.hud.gov/offices/hsg/sfh/econ/econ.cfm

In order to open a file for review in loss mitigation, your request must include financial information from all borrowers who signed the original loan, a statement explaining what caused you to fall behind in your payments, and proof of income; paystubs, unemployment or other benefit statements, or bank statements showing direct deposits. Or, if you are self-employed, please complete the Profit and Loss Statement portion of the Financial Form or submit your own Y-T-D Profit and Loss Statement. As part of the review process, additional information may need to be requested to support a particular Workable Solution.

Please return the completed package within 10 days of the date of this letter to the

following address:

Surface Mail:

Overnight Mail:

P.O. Box 9446

5280 Corporate Drive

Gaithersburg, MD 20898 Frederick, MD 21703

Or, you may fax the information to:

301-696-4473

Please be advised that by offering you these options, CitiMortgage does not waive any of its legal rights under the Note and Mortgage. In addition, we are unable to suspend collection or foreclosure activity until such time that a loan workout has been completed. Absent a written agreement between you and CitiMortgage, CitiMortgage is under no obligation to agree to any options presented.

Once a decision is made, you will be notified of the terms, conditions, and any related fees associated with the completion of your workout request. These fees vary depending on the solution requested and can include but are not limited to;

Credit Bureau Report
Title Search and/or Policy Update
Property Valuation (Broker's Price Opinion and/or Appraisal)
Flood Certification Fee
Document Preparation and/or Recording

Eligibility criteria for a *Workable Solution* may also be subject to specific investor restrictions or approval outlined in their contract with us. If Private Mortgage Insurance covers the loan, the insurer may also require approval of our proposal prior to completion of any workout.

Please feel free to contact our office at (866) 272-4749 between the hours of 8:30 a.m and 5:30 p.m. EST, Monday through Friday should you need assistance completing this package. Please refer to your loan number when you call or write to us.

Thank you,

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Citimortgage							
Enter Loan	Number						
Workable Solutions CITIMO	Financial Statement RTGAGE, INC.						
determine what, if any, options you have to re	ay be used to collect the debt. Please complete this						
ATTACH HERE OR INCLUDE (check	k items included, copies are ok)						
Paystub(s) showing at least one month's income for all Borrowers that are employed							
Proof of Unemployment or Other Benefits or Income (Awards Letter or Bank Statement showing direct deposit)							
Year-to-Date Profit and Loss Statement if	f Self-Employed or Complete Section VI						
·—	your home is currently listed for sale (and Contract if Sold)						
Any additional documentation you feel m ****THESE ITEMS MUST BE INCLUDE ** Additional information may be required in FAX COMPLETED FORM AND	ED TO PROCESS REQUEST****						
PLEASE CALL 1-866-272-4749 IF YOU NEED ASSISTANCE COMPLETING THIS FORM							
I. Borrower Information: Please use a pen and print clearly							
Borrower Name:	Co-Borrower Name:						
Current mailing address:	Current mailing address:						
Street:	Street:						
City: State: Zip:	City:						
Daytime Phone No:	Daytime Phone No:						
Time to Call during business hours:							
Evening Phone No:	Evening Phone No:						
Social Security #:	Social Security #:						

Are you currently employed? □Yes □ No

Zip: _____

Employers Name:

City:

Telephone #

Your Position:

Address: ______

State: ____

of Dependants: _____ not including Co-Borrower

Are you currently employed? \Box Yes \Box No

Employers Name:

City:____

Telephone # Your Position:

Address: __ _____

State: Zip:

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Enter Loan Number

Please Include Loan Number so your request VII. General Questions	t can be pro	cessed time
Question	Yes	No
Do you occupy this mortgaged property as a primary residence?		
Do you have any other debt or obligation secured by this property? (Example: Second Mortgage, Home Equity, Judgements, Liens)	. <u>.</u>	
Question	Amount	
What is the amount of funds you immediately have available to apply toward your mortgage delinquency?	\$	
	\$	
Briefly explain the reason why you are behind on your mortgage payment (s) or imminent danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default: (if needed, attach separate sheet of paper for explainment danger of default) attach separate sheet of default danger of default		

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Monthly Income Information (Comple	te Section V	if Self-E	mploye	:d):		
Description)	Total
Monthly Gross Salary Wages							<u> </u>
B1 Hourly Wage \$	/Hr	Overtime	_	Overti Comm	me nission		ase circle types of me received)
Net Personal Income: (Line 1 minus Line 2) B1 Monthly Pay Schedule:	(please	circle one)	weekly /	hiwee	kly / twice	A mon	th / monthly
B2 Monthly Pay Schedule: ce: Alimony, child support, or secure does not choose to have it of	(please parate m	circle one) aintenance in	weekly /	biwee d not be	kly / twice	a mon	th / monthly
		Borro		Co-	Borrower	Τ —	Total
							10141
Other Mortgages							
Property Maintenance, HOA fe	ces					├	
Alimony/Child Support/Child Care/Tuition							
Automobile Loan(s)		· = =					
Transportation Expenses (gas, parking, auto maintenance, tax)	i, bus)						
	s						
Groceries / Dry Cleaning / Clo	thing:/						
Health/Life/Auto Insurance (DONOT INCLUDE HERE IF							
medical expenses, religious or charitable contributions, vacati						:	
11)						B	
V. Monthly Ability to Pay Calculations:							
					Balance remaining for arrearage payment (A minus B):		
\$	В	-\$	eq	pals	\$		eircle one: + / -
	Monthly Gross Salary Wages If paid by the hour, please list: B1 Hourly Wage \$ B2 Hourly Wage \$ B2 Hourly Wage \$ Less Deductions from payche (taxes, medical, dental, 401k) NOT INCLUDE LOANS Net Personal Income: (Line 1 minus Line 2) B1 Monthly Pay Schedule: B2 Monthly Pay Schedule: B2 Monthly Pay Schedule: B2 Monthly Pay Schedule: B3 Monthly Pay Schedule: B4 Monthly Pay Schedule: B5 Monthly Pay Schedule: B6 Monthly Pay Schedule: B7 Monthly Pay Schedule: B8 Monthly Pay Schedule: B9 Monthly Pay Schedule: B1 Monthly Pay Schedule: B2 Monthly Pay Schedule: B2 Monthly Pay Schedule: B3 Monthly Pay Schedule: B4 Monthly Pay Schedule: B5 Monthly Pay Schedule: B6 Monthly Pay Schedule: B7 Monthly Expenses Description (Monthly) Primary Home Mortgage Paym Other Mortgages Property Maintenance, HOA for Alimony/Child Support /Child Care/Tuition Automobile Loan(s) Transportation Expenses (gas, parking, auto maintenance, tax: Credit Cards, Installment Loan (minimum payments due) Groceries / Dry Cleaning / Clo Spending Money / Lunches Health/Life/Auto Insurance (Dr. NOT INCLUDE HERE IF DEDUCTED FROM PAYCHI Utilities (cable tv, internet, hea electric, telephone, water, sewer phone, pager) Other: Explain (ex. uninsured medical expenses, religious or charitable contributions, vacatic clubs, cigarettes, prescriptions) Total Expenses. (add lines 1 th. 11) Monthly Ability to Pay Calcula over/Co-Borrower Net thly Income (Block A or C):	Monthly Income Information (Comple Description Monthly Gross Salary Wages If paid by the hour, please list: B1 Hourly Wage \$ /Hr B2 Hourly Wage \$ /Hr B2 Hourly Wage \$ /Hr Less Deductions from paycheck (taxes, medical, dental, 401k) DO NOT INCLUDE LOANS Net Personal Income: (Line 1 minus Line 2) B1 Monthly Pay Schedule: (please B2 Monthly Pay Schedule: (please B2 Monthly Pay Schedule: (please B3 Monthly Pay Schedule: (please B4 Monthly Pay Schedule: (please B5 Monthly Pay Schedule: (please B6 Monthly Pay Schedule: (please B7 Monthly Expenses Description (Monthly) Primary Home Mortgage Payment Other Mortgages Property Maintenance, HOA fees Alimony/Child Support /Child Care/Tuition Automobile Loan(s) Transportation Expenses (gas, parking, auto maintenance, taxi, bus) Credit Cards, Installment Loans (minimum payments due) Groceries / Dry Cleaning / Clothing / Spending Money / Lunches Health/Life/Auto Insurance (DO NOT INCLUDE HERE IF DEDUCTED FROM PAYCHECK) Utilities (cable tv, internet, heat, electric, telephone, water, sewer, cell phone, pager) Other: Explain (ex. uninsured medical expenses, religious or charitable contributions, vacation, clubs, cigarettes, prescriptions): Total Expenses, (add lines 1 through 11) Monthly Ability to Pay Calculations: Ower/Co-Borrower Net chily Income (Block A or C): \$ Chily Income (Block A or C):	Monthly Income Information (Complete Section V) Description	Monthly Income Information (Complete Section VI if Self-E Description Monthly Gross Salary Wages If paid by the hour, please list: B1 Hourly Wage \$ /Hr B2 Hourly Wage \$ /Hr B3 Hourly Wage \$ /Hr B4 Hourly Wage \$ /Hr B5 Hourly Wage \$ /Hr B6 Hourly Wage \$ /Hr B7 Hourly Wage \$ /Hr B8 Hourly Wage \$ /Hr B9 Hourly Wages \$ /Hr B9 Hourly Wage \$ /Hr B9 Hourly Wages \$ /Hr B9 H	Monthly Income Information (Complete Section VI if Self-Employe Description	Monthly Income Information (Complete Section VI if Self-Employed): Description	Monthly Income Information (Complete Section VI if Self-Employed): Description

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	Enter Loan Number	de Tean Number and State of the Land State of th			
Please Include Loan Number so your request can be processed timely. VIII. Additional Information:					
contact a HUD approved credit	counseling agency for assistance.	received consumer credit counseling, you should To contact one of these agencies in your area ng may contact Care One Corporation at 1-888-			
		ist include the required documentation. If you request for assistance.			
is 30 days. Please be advised the time that a loan workout has be	nat collection, and or foreclosure a en completed.	The average review period for a new package ctivity will continue on your account until such a			
If there is a foreclosure sale sch		age is not a promise to cancel or postpone the business days before your foreclosure sale to be			
•	/II. Acknowledgment and	Authorization:			
		accurate account of my financial condition. I nave disclosed in this financial statement and to			
ne or my designated representati nc. is under no obligation to agr	ve regarding foreclosure alternative to an alternative to foreclosure,	to engage in discussions and negotiations with e programs. I acknowledge that CitiMortgage, the decision will be based on my financial Investor / Insurer Loss Mitigation Requirements.			
	tiations of a possible Workable Sommence or continue any foreclosure.	lution does not constitute a waiver of or defense re or other collection action.			
3orrower Printed Name	Borrower Signature	Date			
Co-Boпower Printed Name	Co-Borrower Signature	Date			
VIII	. (OPTIONAL) LETTER OF	AUTHORIZATION			
		e CitiMortgage, Inc., the investor, and mortgage			
nsurer (if applicable) to		negotiations regarding my mortgage with Te/she is my designated representative in the			
capacity of (circle one) listing ag	ent / attorney / relative / third part	//other			