



TECHNOLOGY CREDIT UNION

2010 North First Street, Suite 205 San Jose, CA 95131

Phone 800 649 3721

Fax 408 453 8742

Name			Account Number & Loan ID			Date		
Residential Address					Email Address			
Property Address (If different)								
Home Phone Number			Office Phone Number			Cellular Phone Number		
Present Employer					Employer Street Address			
Hire Date (Length of Employment)			Annual Salary			Title/Position		
Prior Employer					Prior Employer Street Address			
Hire Date (Length of Employment)			Annual Salary			Title/Position		

Name			Email Address					
Home Phone Number			Office Phone Number			Cellular Phone Number		
Present Employer					Employer Street Address			
Hire Date (Length of Employment)			Annual Salary			Title/Position		
Prior Employer					Prior Employer Street Address			
Hire Date (Length of Employment)			Annual Salary			Title/Position		

**REFERENCES**

Nearest Relative Name		Street Address			Phone Number	
Personal Reference		Street Address			Phone Number	
Personal Reference		Street Address			Phone Number	

Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is it a rental property? Yes <input type="checkbox"/> No <input type="checkbox"/> Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the rental or lease agreement.	
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the listing agreement. Agent's name: Agent's Phone Number: Agent's Email:		Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If yes, please complete contact information below.</u> Counselor's Name: Counselor's Phone Number: Counselor's Email:	
Are your property taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is your Homeowners Insurance Policy current? Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide a copy of the policy	

<b>TOTAL ASSETS</b>		Financial Institution/Description	Balance/Value
Savings			\$
Checking			\$
401(k)			\$
Stocks/Bonds			\$
Other Property			\$
Other			\$

<b>MONTHLY NET INCOME</b>	
Primary Borrower Wages	\$
Co-Borrower Wages	\$
Unemployment Income	\$
Child Support / Alimony	\$
Disability Income / SSI	\$
Rental Income	\$
Other	\$
<b>Total Net Income</b>	<b>\$</b>

<b>MONTHLY NET EXPENSES</b>	
1 <sup>st</sup> Mortgage Payment	\$
2nd Mortgage Payment	\$
Other Mortgage(s)	\$
Property Taxes & Insurance	\$
HOA Dues	\$
Utilities (PG&E, water, garbage, etc.)	\$
Child Care	\$
Auto Loan #1	\$
Auto Loan #2	\$
Auto Insurance	\$
Gasoline	\$
Food - Family	\$
Alimony/Child Support	\$
Other:	\$
Other:	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

<b>Monthly Disposable Income</b> (Subtract your total expenses from your total net income)	<b>\$</b>
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By signing this form, I/we certify that the information contained in this worksheet is true and correct to the best of my/our knowledge and authorize Technology Credit Union to obtain a credit report on all borrowers obligated on the Note.			
Borrower's Signature	Date	Co-Borrower's Signature	Date

## Modification Program Hardship Affidavit

Borrower Name:

Co-Borrower Name:

In order to request a loan modification agreement, I/we am/are submitting this form and indicating by my/our checkmarks (“✓”) the one or more events that contribute to my/our difficulty in making payments on my/our mortgage loan.

Borrower	Co-Borrower	My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under “Explanation.”		
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yes	No	Yes	No	My income has been reduced or lost. For Example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under “Explanation.”
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yes	No	Yes	No	My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under “Explanation.”
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yes	No	Yes	No	There are other reasons I/we cannot make our mortgage payments. I have provided details below under “Explanation.”
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that Technology Credit Union may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand that Technology Credit Union will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, Technology Credit Union may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.

6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Technology Credit Union communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that that Technology Credit Union will use this information to evaluate my/our eligibility for a loan modification or other workout, but that Technology Credit Union is not obligated to offer me/us assistance based solely on the representations in this affidavit.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

**Explanation:**