

JESUS SOLDIERS MINISTRIES, INC.
229 Walt Whitman Road
Huntington Station, New York 11746
Tel: (631) 206-3900 Fax: (631) 206-3909

CONSULTING AGREEMENT

THIS AGREEMENT between _____ (“Client(s)”) and
Jesus Soldiers Ministries, Inc., (“Consultant”).

WHEREAS, the above Consultant agrees to work with the Client’s distressed home loan(s) to reduce, modify, or work to prevent foreclosure of the distressed property located at:

_____.

NOW THEREFORE, upon the mutual promises of the parties, and upon good and valuable consideration, the parties agree to the following:

Responsibilities of Consultant:

1. The Consultant will work with the Client(s) and the loan holder(s) to analyze the feasibility as to modification of their existing mortgage(s). The services that will be provided will include, but are not limited to: (i) the review of all documents, (ii) processing of all documents and (iii) filing of all appropriate documents with the mortgage holder.
2. The Consultant or a representative from the office will accompany Client to court proceedings. However, this does not mean attorney and/or legal representation.
3. The Consultant will work diligently and efficiently to ensure that the loan modification is being processed in a timely manner; however, because each case is different and unique, a specific time period cannot be guaranteed.
4. This agreement does not make any guarantees regarding results of the loan modification process and application.
5. The Consultant agrees to keep the Client(s) reasonably informed about the progress in the Client’s loan modification and will respond to any inquiries or correspondence by the Client(s) in a prompt manner.
6. This agreement does not guarantee the ending of all telephone calls or correspondence related to the loan modifications from creditors or other parties not bound by this agreement.
7. The Consultant does not advise that the Client(s) should at any time stop making payments on their mortgage during the process of the loan modification services.

Client(s) Initials _____

Responsibilities of Client(s):

1. The Client(s) agrees to disclose all necessary information sent from the bank or any other relevant party to Consultant in a prompt manner.
2. "Prompt" for the purpose of this contract shall mean, "no more than five days shall pass from the time the correspondence was received from Client and then delivered to the Jesus Soldiers Ministries and/or Consultant".
3. The Client(s) understands that if Consultant must resubmit their loan modification because, of non-compliance by Client(s) of the terms of this agreement, that this **WILL** result in an additional fee of \$1,200.00. Client shall receive in writing the reason the resubmission is needed, and Client shall have the opportunity to cancel this agreement prior to the resubmission, and only be responsible for the payment of services rendered prior to cancellation.
4. The Client(s) agree to provide any changes in address, name, telephone numbers, or any other relevant personal information on a timely basis to Jesus Soldiers Ministries.
5. The Client(s) shall not ignore any calls from the mortgage holder, but shall direct any calls from the mortgage holder to Consultant at the listed phone number herein.
6. The Client(s) understands that they shall not give any financial information to the mortgage holder without first directing them to Consultant.

Fees:

<u>Description of Fee:</u>	<u>Amount:</u>
Administrative/file set-up:	\$500.00
Net Present Value Analysis:	\$1,000.00
Loan Modification application/services (1 st mortgage):	
Application completion:	\$2,000.00
Upon trial period; forbearance; permanent modification:	\$500.00
Loan Modification application/services (2 nd mortgage):	
Application completion:	\$2,000.00
Upon trial period; forbearance; permanent modification:	\$500.00
Each Court appearance attended by Consultant, or Consultant representative:	\$250.00
Non-Sufficient Funds Fee: (if applicable)	\$35.00

Client(s) Initials _____

Re-Submission Fee:
(if applicable)

\$1,200.00

Confidentiality:

1. All paperwork and financial data relating to the loan modification of the Client(s) will be held confidential and any document clearly designated as such, will be kept in the strictest confidence by the Consultant and any representatives of Consultant.
2. This obligation does not apply to any data that has become publicly available or that has been rightfully obtained from third parties.
3. The Client(s) understands that all documents provided will be shared with the loan holder in order to ensure processing of the loan modification.

Enforceability:

1. In the event any one or more provisions contained herein for any reason shall be held invalid, illegal, or unenforceable in any respect, that invalidity, illegality, or unenforceability shall not affect any other provision within this agreement.
2. The initialing of the bottom of each page by the Client(s) shall confirm that the Consultant and the Client(s) discussed each page in the contract and that the contract is understood completely by the Client(s).
3. The parties agree to submit to mediation or arbitration should any dispute arise between the parties, and that if the parties cannot settle any dispute then the venue for any legal proceedings shall be Suffolk County, New York.

Right to Cancel:

1. The Client(s) shall have the right to cancel this agreement in full with no penalty or obligation, until midnight on the fifth business day, following the date on which the Consultant and the Client(s) signed the consulting agreement (see below "Notice of Required By New York Law").

**NOTICE REQUIRED BY NEW YORK LAW
New York Real Property Law § 265-b**

"You may cancel this contract, without any penalty or obligation, at any time before midnight of _____ (fifth business day after execution). _____ (the "Consultant") or anyone working for the Consultant may not take any money from you or ask you for money until the Consultant has completely finished doing everything this Contract says the Consultant will do.

Client(s) Initials _____

You should consider consulting an attorney or a government-approved housing counselor before signing any legal document concerning your home. It is advisable that you find your own attorney, and not consult with an attorney recommended or provided to you by the Consultant.

A list of housing counselors may be found on the website of the New York State Banking Department, www.banking.state.ny.us or by calling the Banking Department toll-free at 1-877-BANK-NYS (1-877-226-5697). The law requires that this contract contain the entire agreement between you and the Consultant. You should not rely upon any other written or oral agreement or promise.”

Miscellaneous:

1. This agreement constitutes the sole and only agreement of the Parties and supersedes any prior understanding or written or oral agreements between the Parties respecting the subject matter of this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this _____ day of _____, 2012.

CLIENT

CLIENT

Print Name:

Print Name:

CONSULTANT

Print Name & Title:

STATE OF NEW YORK)

)

COUNTY OF SUFFOLK)

ss.:

On the _____ day of _____, 2012, before me a notary public, the undersigned personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary)

Client(s) Initials _____

**Making Home Affordable Program
Request For Modification and Affidavit (RMA)**



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1 **COMPLETE ALL THREE PAGES OF THIS FORM**

▶ Loan I.D. Number _____ ▶ Servicer Wells Fargo Home Mortgage

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	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: 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 _____

Property address (if same as mailing address, just write same) _____ E-mail address _____

<p>Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer _____ Amount of offer \$ _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete the following:</p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's E-mail: _____</p>
<p>Who pays the real estate tax bill on your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p>Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Paid to: _____</p>	<p>Who pays the hazard insurance premium for your property?</p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA</p> <p>Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Insurance Co.: _____</p> <p>Insurance Co. Tel #: _____</p>

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 **Filing Date:** _____

Has your bankruptcy been discharged? Yes No **Bankruptcy case number** _____

Additional Liens/Mortgages or Judgments on this property:

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

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable 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

Number of People in Household: _____

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

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

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

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	

ACKNOWLEDGEMENT AND AGREEMENT

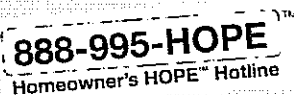
In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

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, the U.S. Department of the Treasury, or their 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 Federal 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 Agreement under Making Home Affordable 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 or 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 credit 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 Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ _____ Borrower Signature	_____ Date
▶ _____ Co-Borrower Signature	_____ Date

HOMEOWNER'S HOTLINE

*If you have questions about this document or the modification process, please call your servicer.
 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 (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



NOTICE OF CANCELLATION

You may cancel this contract, without any penalty or obligation, at any time before midnight of _____. (five business days after initial signing of the contract). To cancel this contract, sign and date both copies of this cancellation notice and personally deliver one copy or send it by facsimile, United States Mail, or an established commercial letter delivery service, indicating cancellation to the Distressed Property Consultant at one of the following:

Name of Consultant: _____
Street Address: _____
City, State, Zip: _____
Facsimile: _____

I hereby cancel this transaction.

Name of Homeowner: _____

Signature of Homeowner: _____

Date: _____

Note: Within ten days following receipt of a notice of cancellation given in accordance with this subdivision, the distressed property consultant shall return any original contract and any other documents signed by or provided by the homeowner. Cancellation shall release the homeowner of all obligations to pay any fees or compensation to the distressed property consultant.

NOTICE OF CANCELLATION

You may cancel this contract, without any penalty or obligation, at any time before midnight of _____. (five business days after initial signing of the contract). To cancel this contract, sign and date both copies of this cancellation notice and personally deliver one copy or send it by facsimile, United States Mail, or an established commercial letter delivery service, indicating cancellation to the Distressed Property Consultant at one of the following:

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Street Address: _____
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Facsimile: _____

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Name of Homeowner: _____

Signature of Homeowner: _____

Date: _____

Note: Within ten days following receipt of a notice of cancellation given in accordance with this subdivision, the distressed property consultant shall return any original contract and any other documents signed by or provided by the homeowner. Cancellation shall release the homeowner of all obligations to pay any fees or compensation to the distressed property consultant.

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
 - c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____
- Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
Sign Here	▶ Signature (see instructions)	Date
	▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
	▶ Spouse's signature	Date

CONTRIBUTION LETTER

To whom it my concern:

I, _____
(Contributor's name)

Residing at _____

Contribute the amount of \$ _____ on a regular monthly basis to

My relationship to the homeowner is _____

I authorize _____ to run my credit in connection with the

Loan Modification _____ is applying for

My SS# is _____

(Contributor's signature)

(Date)

(Homeowner's signature)

(Date)

LIST OF DOCUMENTS TO EXPEDITE A LOAN MODIFICATION

- Purchase package of the house (MORTGAGE NOTE) for each loan
- Income tax (form 1040) for the last year, signed.
- W-2 form for the last year (usually attached to the income tax)
- Latest 4 recent paystubs
- Last 2 bank account statements (2 months, all pages)
- Recent Mortgage statements for the 1st and 2nd mortgage
- Copy of homeowner's insurance
- Hardship letter signed and dated.
- Property tax 2009 (property tax statement)
- Utility bill (water, gas, electricity, telephone)
- A copy of photo id of all borrowers
- Contribution letter signed, paystubs, and proof of occupancy
- RMA signed and dated
- 4506-T signed and dated.
- Monthly expenses/income completed and signed.

LISTA DE DOCUMENTOS NECESARIOS PARA UNA MODIFICACIÓN

- MORTGAGE NOTE de cada préstamo. (Están en el paquete del cierre más reciente)
- Income tax (formulario 1040) del últimos año y firmado
- Formulario W-2 del último año
- Ultimas 4 colillas de pago de trabajo o carta de trabajo si el pago es cash o cheque
- Últimos 2 estados bancarios de cuenta de cheques o ahorros (2 últimos meses)
- Estado de cuenta del mortgage reciente (del 1^{er} y 2^{do} préstamo)
- Copia de la póliza de seguro de la casa (la vigente, actualizada)
- Formato del los Ingresos/gastos mensuales llenado, firmado y con fecha
- Carta explicando sus dificultades económicas
- Taxes de la propiedad de 2009 (statement property taxes enviado por el town)
- Un recibo reciente de utilidades (agua, energía o teléfono)
- Copia de driver licence o I.D
- Cartas de contribución _____ pruebas de ingreso _____ pruebas de residencia _____
- RMA firmado y con fecha.
- 4506-T firmado y con fecha

Family Name: _____ Date: _____ / _____ / _____

Opener Name: _____

BORROWER: _____

CO-BORROWER _____

LOAN # 1ST _____ 2ND _____

MONTHLY INCOME

GROSS SALARY: \$ _____

NET SALARY: \$ _____

GROSS SALARY: \$ _____

NET SALARY: \$ _____

DEDUCTIONS:

OTHER INCOME:

FICA \$ _____	FICA \$ _____
FEDERAL \$ _____	FEDERAL \$ _____
STATE \$ _____	STATE \$ _____
LOCAL \$ _____	LOCAL \$ _____
MEDICAL \$ _____	MEDICAL \$ _____
OTHER \$ _____	OTHER \$ _____

MONTHLY EXPENSES

FIRST MORTGAGE	\$ _____	FOOD	\$ _____
SECOND MORTGAGE	\$ _____	ELECTRICITY	\$ _____
PROPERTY TAXES	\$ _____	GAS	\$ _____
HOME INSURANCE	\$ _____	OIL	\$ _____
CONDO	\$ _____	WATER	\$ _____
CREDIT CARDS	\$ _____	GARBAGE	\$ _____
OTHER LOANS	\$ _____	HOME PHONE	\$ _____
TRANSPORTATION / GAS	\$ _____	CABLE	\$ _____
CAR INSURANCE	\$ _____	INTERNET	\$ _____
CAR PAYMENTS	\$ _____	CELL PHONE	\$ _____
# OF VEHICLES IN HOME	\$ _____	SPENDING MONEY	\$ _____
VEHICLE MAINTENANCE	\$ _____	DENTAL & HEALTH INS.	\$ _____
LIFE INSURANCE	\$ _____		\$ _____
BABY SITTER/DAY CARE	\$ _____	Total	\$ _____
HOME MAINTENANCE	\$ _____		\$ _____

MORTGAGOR'S SIGNATURE

____/____/____
DATE

CO-MORTGAGOR'S SIGNATURE

____/____/____
DATE

INGRESO MENSUAL

Salario sin deducciones: \$ _____ Semanal Quincenal

Deducciones:

FICA \$ _____
 Federal \$ _____
 State \$ _____
 Local \$ _____
 Medical \$ _____
 Other \$ _____

Salario después de deducciones:
 \$ _____ al mes.

Otras fuentes de ingresos:

GASTOS MENSUALES

Primera Hipoteca	\$	Comida	\$
Segunda Hipoteca	\$	Electricidad	\$
Taxes de propiedad	\$	Gas	\$
Seguro de casa	\$	Agua	\$
Condominio	\$	Basura	\$
Tarjetas de crédito	\$	Teléfono	\$
Otros Prestamos	\$	Cable	\$
Transportación / Gasolina	\$	Internet	\$
# de vehículos en la casa		Celular	\$
Pago del carro	\$	Ofrenda / Diezmo	\$
Seguro del carro	\$	Universidad	\$
Babysitter / Day Care	\$	Gastos Médicos / Dentales	\$
Seguro de vida	\$	Seguro medico	Q
Child Support	\$	Otro -	\$

 Firma del deudor

 Fecha

 Firma del codeudor

 Fecha

Opener Name: _____

Family Name: _____

THIRD PARTY AUTHORIZATION AND AGREEMENT TO RELEASE

Loan # _____ 2nd Loan # _____

Name: _____

Property Address _____

For the purpose of assigning in pursuing and negotiating a loss mitigation alternative, I do hereby authorize _____ (my lender/mortgage servicer) to release or otherwise provide to

Nydia Contreras, Irene La Monica, Janis Maddalena, Moses Cepeda, Dalia Velasquez, Gloria Moran, or any other representative of Jesus Soldiers Ministries, 1355 Brentwood Road, Bay Shore, NY 11706, Phone (631)206-3900, Fax (631) 206-3905 in his/her capacity,

public and non-public personal financial information contained in my loan account which may include, but is not limited to loan balance, final statement, loan status, payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss the account or seeks information about the account.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demand against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to that requestor.

Borrower Signature

Last Four SS

Printed Borrower Name

Date