Loss Mitigation Application



Borrower/Co-Borrower Information

BORROWER INFORMATION		CO-BORROWER INFORMATION				
Borrower Name (first, middle, last)		Co-Borrower Name (first, middle, last)				
Email Address			Email Address			
Mobile Phone	Home	Phone	Mobile Phone	Home	Phone	
Work Phone	Social	Security Number	Work Phone	Social	Security Numbe	r
Date of Birth			Date of Birth			
Type of Identification			Type of Identification			
Identification Number			Identification Number			
State Issued	Exp. D	ate	State Issued	Exp. D	ate	
Active Duty Military?		Yes No	Active Duty Military?		Yes [] No
Active or Prior Bankrup	otcy Filing?	Yes No	Active or Prior Bankru	ıptcy Filing?	Yes	No
Hardship Explana	ation					

I/we am/are submitting this form to Simmons Bank and indicating by my/our selections the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

INTENTIONS OF PROPERTY		Keep Property	Sell Property	Transfer	Undecided
BORROWER	CO-BORROWER				
Yes No	Yes No	My income has been reduced reduced job hours, reduced I have provided details unde	pay, or a declir	e in self-employe	• •
☐ Yes ☐ No	☐ Yes ☐ No	My household financial circonserious or chronic illness, perfamily responsibilities (adopor other family members).	rmanent or sho tion or birth of	ort-term disability a child, taking car	, divorce, increased e of elderly relatives
☐ Yes ☐ No	☐ Yes ☐ No	My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and healthcare costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation."			
BORROWER	CO-BORROWER				
☐ Yes ☐ No	Yes	My cash reserves are insuff and cover basic living exper such as cash, savings, mone retirement accounts). Cash re	nses at the san ey market fund	n e time. Cash res s, marketable sto	erves include assets cks or bonds (excluding
	∐ No	fund (generally equal to three details under "Explanation."			• .
☐ Yes ☐ No	Yes		are excessive, , home equity I	thly debt paymer and I am overextooans or other cre	ended with my creditors. dit to make my monthly

Borrower Employment History

Minimum of past 3 years required

Employer's Name	Business Phone
Employer's Street Address	Employer's City, State, ZIP
Position / Title / Type of Business	Self-Employed? Yes No
Dates of Employment (From - To)	Monthly Income
Employer's Name	Business Phone
Employer's Street Address	Employer's City, State, ZIP
Position / Title / Type of Business	Self-Employed? Yes No
Dates of Employment (From - To)	Monthly Income
Employer's Name	Business Phone
Employer's Street Address	Employer's City, State, ZIP
Position / Title / Type of Business	Self-Employed? Yes No
Dates of Employment (From - To)	Monthly Income

Co-Borrower Employment History

Minimum of past 3 years required

Employer's Name	Business Phone
Employer's Street Address	Employer's City, State, ZIP
Position / Title / Type of Business	Self-Employed? Yes No
Dates of Employment (From - To)	Monthly Income
Employer's Name	Business Phone
Employer's Street Address	Employer's City, State, ZIP
Position / Title / Type of Business	Self-Employed? Yes No
Dates of Employment (From - To)	Monthly Income
Employer's Name	Business Phone
Limployer's Ivaine	Dusiness i none
Employer's Street Address	Employer's City, State, ZIP
Position / Title / Type of Business	Self-Employed? Yes No
Dates of Employment (From - To)	Monthly Income

Borrower Reference Sheet

Relationship

Borrower's Name			
Requirements			
Please provide at least three references.	2. All references must NOT be living with the applicant, or other references.	3. Please include a minimum of or relative.	4. Each reference must ne have complete information provided.
Name			Phone
Street Address			City, State, ZIP
Relationship			Years Known
Name			Phone
Street Address			City, State, ZIP
Relationship			Years Known
Name			Phone
Street Address			City, State, ZIP

Years Known

Borrower Financial Worksheet

BORROWER		CO-BORROWER	
Gross Monthly Income		Gross Monthly Income	
Child Support / Alimony*		Child Support / Alimony*	
Disability / SSI		Disability / SSI	
Rents Received		Rents Received	
Other		Other	
Commission / Bonuses / Self-Employment		Commission / Bonuses / Self-Employ	yment
Unemployment		Unemployment	
TOTAL GROSS INCOME		TOTAL GROSS INCOME	
Monthly Expenses	Amount	Assets	Estimated Value
Other Mortgages / Liens		Checking Accounts	
Auto Loans	Savings and Money Market Accounts		
Auto Expenses / Insurance		Stocks / Bonds / CDs	
Credit Cards / Installment Loans		IRA	
Health Insurance (not withheld from pay)		401(k) / ESOP Account	
Medical (co-pays and Rx)		Home	
Child Care / Support Money		Other Real Estate #	#
Food / Spending Money		Cars #	#
Water / Sewer / Utilities / Phone		Life Insurance (whole life, not term)	
HOA / Condo Fees / Property Maintenance		Other**	
Life Insurance (not withheld from pay)		Other**	
TOTAL AMOUNT		TOTAL AMOUNT	
** Please explain other assets:			
NON-ESCROWED CUSTOMERS			
		Are your taxes current?	Yes No
Insurance Company	Phone	If not, how many years are past	due?
Payment Amount	Frequency of Payment	Amount?	

^{*} This form of income does not need to be revealed if Borrower or Co-Borrower does not choose to have it considered for repayment of Ioan.

Borrower/Co-Borrower Acknowledgment

- Under penalty of perjury, I/we certify that all of the information in this application is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
- I/we understand and acknowledge Simmons Bank 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 Simmons Bank may 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 Loss Mitigation Application, or if I/we do not provide all of the required documentation, Simmons Bank 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.
- 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 Simmons Bank communication in a timely manner. I/we understand that time is of the essence.
- 8. I/we understand that Simmons Bank will use this information to evaluate my/our eligibility for a loan modification or other workout, but Simmons Bank is not obligated to offer me/us assistance based solely on the representations in this application.

Agreement and may pursue fo	oreclosure on my/our hor	me.	
Borrower Signature	 Date	Co-Borrower Signature	