



# MORTGAGE ASSISTANCE FORM

**Important!:** Please complete Sections A–H. To avoid delays, please make sure each section is complete and accurate.

**Loan Number:** \_\_\_\_\_

**Borrower:** Please complete the Borrower sections with information about the person whose name is on the Note for the mortgage loan.

**Spouse or another person:** If another person has community property or similar rights pursuant to applicable state law such as a spouse, please provide the name of the person(s): \_\_\_\_\_

| SECTION A: BORROWER                  |                | CO-BORROWER (if applicable)          |                |
|--------------------------------------|----------------|--------------------------------------|----------------|
| 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*: |                |
| Email Address:                       |                | Email Address:                       |                |

\* When you give us your mobile phone number, we have your permission to contact you at that number about your Cascade Financial and/or Cascade Land Home Financing (in DE, OR, PA WA) loan(s). Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

|  |  |
|--|--|
| Is any borrower a Servicemember?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Servicemember recently been deployed away from their principal residence or recently received a Permanent Change of Station (PCS) order? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you intend to occupy this property as your primary residence sometime in the future?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any borrower the surviving spouse of a deceased Servicemember who was on active duty at the time of death?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                     |  |   |  |
|---------------------|--|---|--|
| I want to:          | <input type="checkbox"/> Be reviewed for all mortgage assistance options | <input type="checkbox"/> Only be reviewed for a short sale or deed-in-lieu of foreclosure |  |
| The property is my: | <input type="checkbox"/> Primary Residence                               | <input type="checkbox"/> Second Home  | <input type="checkbox"/> Investment Property |
| The property is:    | <input type="checkbox"/> Owner Occupied                                  | <input type="checkbox"/> Renter Occupied  | <input type="checkbox"/> Vacant              |

**Loan Number:** \_\_\_\_\_

|   |   |
|---|---|
| <p>Is the property listed for sale? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>If yes, what was the listing date? _____</p> <p>Have you received an offer on the property? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Date of Offer: _____</p> <p>Amount of Offer: \$ _____</p> <p>Closing Date: _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> | <p>I/We hereby authorize Southwest Stage Funding, LLC dba Cascade Financial Services ("Cascade Financial Services" or "Cascade Land Home Financing" in DE, OR, PA WA) to release, furnish, and provide information related to my/our loan number to:</p> <p>_____</p> <p>("Third Party") Name of Third Party</p> <p>_____</p> <p>Address of Third Party</p> <p>_____</p> <p>Telephone Number of Third Party</p> |
|---|---|

**SECTION B: REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT**

Describe your hardship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date situation began is: \_\_\_\_\_

I believe that my situation is:

Short-term (under 6 months)       Medium-term (6-12 months)       Long-term or permanent (greater than 12 months)

I am having difficulty making my monthly payment because of reasons set forth below:  
(Please check all that apply and submit required documentation demonstrating your hardship.)

If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA) or the Rural Housing Service (RHS) you are considered to be "facing imminent default" if you are current or less than 30 days past due and have a hardship that will prevent you from making your next required payment on the mortgage loan during the month that is due.

|   |   |
|---|---|
| <input type="checkbox"/> Unemployment   | <ul style="list-style-type: none"> <li>A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits</li> </ul>  |
| <input type="checkbox"/> For Unemployed FHA Customers Only if you are not currently receiving unemployment benefits   | <ul style="list-style-type: none"> <li>If your hardship is unemployment, please provide the date you became unemployed:</li> <li>Are you seeking new employment? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>Are you available for employment? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> </ul>                                    |
| <input type="checkbox"/> Underemployment  | <ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)                             | <ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law | <ul style="list-style-type: none"> <li>Divorce decree signed by the court OR</li> <li>Separation agreement signed by the court OR</li> <li>Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR</li> <li>Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul> |

**Loan Number:** \_\_\_\_\_

|  |   |
|--|---|
| <input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member | <ul style="list-style-type: none"> <li>• Death certificate OR</li> <li>• Obituary or newspaper article reporting the death</li> </ul>   |
| <input type="checkbox"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member                 | <p>Do not provide medical records or any details of your illness or disability</p> <ul style="list-style-type: none"> <li>• Written statement from you or other documentation Verifying disability or illness OR</li> <li>• Proof of monthly insurance benefits or government assistance (with expiration date, if applicable)</li> </ul>   |
| <input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment                       | <ul style="list-style-type: none"> <li>• Insurance claim OR</li> <li>• Federal Emergency Management Agency grant or Small Business Administration loan OR</li> <li>• Borrower or employer property located in a federally declared disaster area</li> </ul>   |
| <input type="checkbox"/> Distant employment transfer   | <ul style="list-style-type: none"> <li>• Proof of transfer OR</li> <li>• Military Permanent Change of Station (PCS)</li> </ul>  |
| <input type="checkbox"/> Excessive obligations   | <ul style="list-style-type: none"> <li>• No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Business failure  | <ul style="list-style-type: none"> <li>• Tax return from the previous year (including all schedules) AND</li> <li>• Proof of business failure supported by one of the following:               <ul style="list-style-type: none"> <li>○ Bankruptcy filing for the business; or</li> <li>○ Two months recent bank statements for the business account evidencing cessation of business activity; or</li> <li>○ Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> </li> </ul> |
| <input type="checkbox"/> Payment increase  | <ul style="list-style-type: none"> <li>• No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Other: _____  |   |

**SECTION C: ADDITIONAL LIENS/MORTGAGES OR JUDGEMENTS (Complete if applicable.)**

If there are additional liens on the property that are not serviced by Cascade Financial Services and/or Cascade Land Home Financing (in DE, OR, PA WA), please provide the following information.

| Lien Holder's Name/Signature | Balance | Phone Number | Reference Number/Loan Number |
|------------------------------|---------|--------------|------------------------------|
|                              |         |              |                              |
|                              |         |              |                              |

A lien is a legal claim on property to secure a loan or debt until paid off, it is put in place by contract or court order.

**SECTION D: BANKRUPTCY (Complete if applicable.)**

Have you ever filed for bankruptcy?       Yes    No      If yes:    Chapter7    Chapter 13   Filing Date: \_\_\_\_\_

If yes, has your bankruptcy been discharged?    Yes    No      Bankruptcy Case Number: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**SECTION E: INCOME/EXPENSES FOR HOUSEHOLD**

**EMPLOYMENT INFORMATION**

Borrower Monthly Income: \$ \_\_\_\_\_

Co-Borrower Monthly Income: \$ \_\_\_\_\_

I am:  Employed by a Company

I am:  Employed by a Company

Company #1 Name: \_\_\_\_\_

Company #1 Name: \_\_\_\_\_

Company #1 Address: \_\_\_\_\_

Company #1 Address: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Company #2 Name: \_\_\_\_\_

Company #2 Name: \_\_\_\_\_

Company #2 Address: \_\_\_\_\_

Company #2 Address: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

I am:  Self-Employed      Percent of Ownership: \_\_\_\_\_ %

I am:  Self-Employed      Percent of Ownership: \_\_\_\_\_ %

I am:  Independent Contractor

I am:  Independent Contractor

Self-employed people earn income directly from their own business, trade or profession. They don't collect a salary or wages from an employer. Independent contractors typically provide goods or services to a company under the terms of a contract. They set their own hours and are paid on a freelance basis

**OTHER INCOME/EXPENSES**

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household?  
 Yes  No

If yes, complete the following:

First and Last Name: \_\_\_\_\_

Monthly amount contributed to the household: \$ \_\_\_\_\_

Are there living expenses for this person?  Yes  No      If yes, monthly amount of expenses: \$ \_\_\_\_\_

Do not list non-borrower expenses unless non-borrower income is being used as a part of the mortgage assistance application.

Loan Number: \_\_\_\_\_

| HOUSEHOLD INCOME  |    | HOUSEHOLD EXPENSES/DEBT   |    |
|---|----|---|----|
| Monthly Gross Wages   | \$ | Monthly First Mortgage Principal and Interest Payment <sup>4</sup>  | \$ |
| Monthly Self-Employment Income  | \$ | Monthly Second Mortgage Principal and Interest Payment <sup>4</sup> | \$ |
| Monthly Overtime  | \$ | Monthly Property Taxes <sup>4</sup>                                 | \$ |
| Monthly Unemployment Income   | \$ | Monthly HOA/Condo Fees/Co-OP Fees/Property Maintenance <sup>4</sup> | \$ |
| Monthly Tips, Commissions, Bonus  | \$ | Monthly Mortgage Payments on Other Properties <sup>4</sup>          | \$ |
| Monthly Non-Taxable Social Security/SSDI  | \$ | Monthly Credit Cards/Installment Loan(s) (total minimum payment)    | \$ |
| Monthly Taxable Social Security Benefits or Other Monthly Income from Annuities or Retirement Plans | \$ | Monthly Child Support/Alimony Payments                              | \$ |
| Monthly Child Support/Alimony <sup>2</sup>  | \$ | Monthly Auto Lease/Payment  | \$ |
| Monthly Gross Rents Received <sup>3</sup>   | \$ | Monthly Other:  | \$ |
| Monthly Food Stamps/Welfare   | \$ | <b>Total Monthly Expenses</b>                                       | \$ |
| Monthly Other:  | \$ |   |    |
| <b>Total Monthly Income</b>   | \$ |   |    |

If you have income from rental properties that are not your principal residence, you must provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

| HOUSEHOLD ASSETS                    |    |
|-------------------------------------|----|
| Checking Account(s)                 | \$ |
| Savings/Money Market                | \$ |
| CDs                                 | \$ |
| Stocks/Bonds                        | \$ |
| Other Cash on Hand                  | \$ |
| Other Real Estate (estimated value) | \$ |
| Monthly Other:                      | \$ |
| <b>Total Assets</b>                 | \$ |

| ADDITIONAL LIVING EXPENSES                                   |          |             |                           |       |
|--|----------|-------------|---------------------------|-------|
|  | Borrower | Co-Borrower | Non-Borrower <sup>5</sup> | Total |
| Food <sup>1</sup>  | \$       | \$          | \$                        | \$    |
| Utilities <sup>1</sup>                                       | \$       | \$          | \$                        | \$    |
| Automobile Expenses <sup>1</sup> (insurance/maintenance/gas) | \$       | \$          | \$                        | \$    |
| Life Insurance Premium                                       | \$       | \$          | \$                        | \$    |
| Clothing   | \$       | \$          | \$                        | \$    |
| Cable, Internet, Phone                                       | \$       | \$          | \$                        | \$    |
| Medical  | \$       | \$          | \$                        | \$    |
| Tuition/School   | \$       | \$          | \$                        | \$    |
| Child Care (daycare, babysitting)                            | \$       | \$          | \$                        | \$    |
| <b>Total Living Expenses</b>                                 | \$       | \$          | \$                        | \$    |

<sup>1</sup> These items must be filled out. <sup>2</sup> Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan. <sup>3</sup> Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance. <sup>4</sup> Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance. <sup>5</sup> Non-borrower household incomes is defined as someone living in the home who is not on the original note, but whose income has been relied upon to support the mortgage payment.

Continue to the next page

Loan Number: \_\_\_\_\_

**SECTION F: DODD-FRANK CERTIFICATION**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- a) Felony larceny, theft, fraud, or forgery,
- b) Money laundering, or
- c) Tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate federal law.

**If you have been convicted of one of the mortgage or real estate crimes listed above within the last 10 years, you must cross out this section. You will be considered for other mortgage assistance options that are not a part of the Making Home Affordable Program.**

This certification is effective on the earlier of the date listed below or the date received by your servicer.

**Section G: 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.

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

**HOMEOWNERS HOTLINE**

If you have questions about this document or the general modification process, please call your mortgage servicer. If you have questions about government programs that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPETM Hotline at 1-888-995-HOPE (1-888-995-4673). The Hotline can help answer questions about the program and offers free HUD-certified counseling services in English and Spanish.

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Loan Number: \_\_\_\_\_

## 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 the 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 misrepresentation affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 1-202-622-4559 (fax), or [www.sig tarp.gov](http://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.

## Section H: ACKNOWLEDGMENT AND AGREEMENT

### In making this request for consideration, I certify under penalty of perjury:

1. I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
2. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
3. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that the Servicer is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
4. I understand that if the Servicer offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for a modification under the Making Home Affordable Program and any other modification program offered by the Servicer.
5. If I am eligible for a Trial Period Plan, Repayment Plan or Forbearance Plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a Trial Period Plan, Repayment Plan or Forbearance Plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the Trial Period Plan, Repayment Plan or Forbearance Plan.
6. I agree that when the Servicer accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
7. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
8. If I qualify for and enter into a Repayment Plan, Forbearance Plan or Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
9. I consent to being contacted concerning this request for mortgage assistance at any email address or cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
10. That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
11. I understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable laws.
12. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under the Making Home Affordable Program (MHA), the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
13. The property that I am requesting mortgage assistance for is able to be lived in, and it has not been or is not at risk of being condemned. There has been no change in the ownership of the property since I signed the documents for the mortgage that I want to modify.
14. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
15. 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 or other documentation submitted in connection with this request.

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Loan Number: \_\_\_\_\_

16. 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 mortgage relief or foreclosure alternative that I receive by the 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 any other mortgage relief program; and (e) any HUD-certified housing counselor.
17. I understand that in proceeding with this request, the Servicer may request a property inspection, in which case an authorized person will be contracted to inspect the exterior and possibly the interior of the home. I understand that a fee will be assessed for this work.
18. I understand that if the Servicer estimates the current value of my home as part of a review for mortgage assistance, I will receive a copy of that appraisal or valuation.
19. If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that the Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.

By signing this document, I/we certify that all the information is truthful. I/We understand that knowingly submitting false information may constitute fraud.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Important!** To avoid delays, please make sure everything you send us is complete and accurate. It's best to send us all of your forms and documents at the same time. Write your loan number on the top of each page of your documents AND application forms and send them by mail, FedEx or fax to:

**Mail or FedEx:** Cascade Financial  
Attn: Loss Mitigation  
3345 S Val Vista Dr.  
Suite 300  
Gilbert, AZ 85297

**Fax:** 1-480-619-4065  
Attn: Loss Mitigation





## AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT

I authorize Southwest Stage Funding, LLC (dba Cascade Financial Services, or Cascade Land Home Financing in Delaware, Oregon, Pennsylvania and Washington) to obtain a consumer credit report on me. Southwest Stage Funding, LLC will use the consumer credit report to confirm my residency address and determine whether my income is eligible to support a loan modification. Upon request, Southwest Stage Funding, LLC will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit scores.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number