

## BORROWER FINANCIAL REPORT

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Freedom Mortgage Corporation ("Freedom Mortgage") by any of the below methods:

**Fax:** 866-505-0949

**Email:** [LossMitigation@FreedomMortgage.com](mailto:LossMitigation@FreedomMortgage.com)

**Overnight Mail:**

Freedom Mortgage  
3001 Technology Drive  
Edmond, OK 73013

**Regular Mail:**

Freedom Mortgage  
3001 Technology Drive  
Edmond, OK 73013

**Please note: Documents must be submitted in an acceptable format using one of the delivery methods described above. Web based documents, including but not limited to, Google Docs, will not be accepted due to firewall restrictions that may jeopardize the security of your personal information.**

We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact us at 855-690-5900. Customer Care Representatives are available to assist you Monday through Friday 8:00 AM – 8:00 PM and Saturday 9:00 AM – 2:00 PM Eastern Time.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at 800-569-4287 or [www.hud.gov/counseling](http://www.hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at 855-411-2372 or [www.consumerfinance.gov/mortgagehelp](http://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

*\*Required*

Freedom Loan Number: 0152871307			
<b>Borrower Information [1]</b>			
<b>Borrower [1a]</b>		<b>Co-Borrower [1b]</b>	
Borrower's Name: NANCY J DUMONT		Co-Borrower's Name:	
Social Security Number*: 03064-0942	Date of Birth*: 03-05-1973	Social Security Number*:	Date of Birth*:
Home Phone # with Area Code:		Home Phone # with Area Code:	
Cell Phone # with Area Code: (802) 793-1430		Cell Phone # with Area Code:	
Email Address: NANCYJDumont@gmail.com		Email Address:	
Preferred contact method (choose all that apply) <input checked="" type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input checked="" type="checkbox"/> Text – Checking this Box indicates your consent for text		Preferred contact method (choose all that apply) <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Text – Checking this Box indicates your consent for text	
<input checked="" type="checkbox"/> Same as Property Address (if checked leave blank) Mailing Address: _____ City: _____ State: _____ Zip: _____		<input type="checkbox"/> Same as Property Address (if checked leave blank) Mailing Address: _____ City: _____ State: _____ Zip: _____	
Borrower Employer Name: Self-Independent Contractor		Borrower's Employer Name:	
Employer Ph # with Area Code: Same as above		Employer Ph # with Area Code:	





Household Information [1c]				
Household Composition*:		# of Adults <u>1</u>	# of Children <u>1</u>	
<b>Non-borrower contribution:</b> Will the Non-borrower contribute all of their income to household expenses and mortgage payments?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="margin-left: 50px;"><u>N/A</u></span>				
Property Information [2]				
Property Address: 97 SOUTH STREET, SOUTH BURLINGTON, VT 05403-0000 <span style="float: right;"><u>(Physical only)</u></span>				
I/We currently (check one):		<input checked="" type="checkbox"/> Reside in this property <input type="checkbox"/> Property is Vacant <input type="checkbox"/> Reside in a property other than this property		
The property is currently (check one):		<input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> A Second Home <input type="checkbox"/> An Investment Property		
I/We intend to (check one):		<input checked="" type="checkbox"/> Retain the Property <input type="checkbox"/> Sell the Property <input type="checkbox"/> Undecided <input type="checkbox"/> Transfer ownership of the property to my servicer		
Any Other Liens (solar liens, mortgage liens, mechanics lien, tax liens, etc.) [2a]				
Lien Holder's Name	Balance	Interest Rate	Loan Number	Lien Holder's Phone Number
Property Listing [2b]				
Property listed for sale?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Offer pending on Property?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Offer pending less than the total amount owed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes:		If Offer Received:		
Date Property Listed:	<u>N/A</u>	Date of Offer:		
Asking Price:		Amount of Offer:		
Listing Agent's Name:		Listing Agent's Number:		
Active Duty Information [3]				
Is any borrower an active duty service member?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is any borrower the surviving spouse of or a dependent of a deceased service member who was on active duty at the time of death?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
End of Active Obligated Service (EAOS)/End of Term of Service (ETS) Information				
End of Active Obligated Service (EAOS)/End of Term of Service (ETS) Date*:				<u>N/A</u>
If your EAOS/ETS is less than 12 months from the date of this application, you:				
<input type="checkbox"/> Intend to reenlist/extend <input type="checkbox"/> Have already reenlisted <input type="checkbox"/> Intend to retire from military service <input type="checkbox"/> Have an offer for employment, upon release from active service				
Credit Information [4]				
Credit Counseling Agency [4a]				





Contacted Credit Counseling Agency?*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Agency Name:		Phone Number:	
Counselor's Name:		Email Address:	
<b>Bankruptcy Information [4b]</b>			
Filed Bankruptcy?*		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Chapter Filed*: <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13			
Date Filed*:		Status*: <input type="checkbox"/> Active <input type="checkbox"/> Discharged <input type="checkbox"/> Dismissed <input type="checkbox"/> Reaffirmed	
BK Attorney Name:		BK Case #*:	
BK Attorney Number:			
<b>Asset Information [5]</b>			
<b>Borrower</b>		<b>Co-Borrower</b>	
Checking Account	\$202.89	Checking Account	
Checking Account	\$96.36	Checking Account	
Savings	Ø	Savings	
Money Market	Ø	Money Market	
CD's	Ø	CD's	
Stocks/Bonds	Ø	Stocks/Bonds	
Other Cash on hand	Ø	Other Cash on hand	
Other Real Estate	1241 Taber Hill Rd.	Other Real Estate	
Other _____	Shovel, VT 05672	Other _____	
Total Borrower Assets	\$850,000	Total Co-Borrower Assets	
<b>Monthly Income [6]</b>			
<b>All Monthly Income Sources (Documentation is required to support amounts disclosed)</b>			
<b>Borrower</b>		<b>Co-Borrower</b>	
Monthly Gross Wages		Monthly Gross Wages	
Overtime	Ø	Overtime	
Tips, Commissions, and Bonuses	Ø	Tips, Commissions, and Bonuses	
Self-employed Income		Self-employed Income	
Unemployment Income	Ø	Unemployment Income	
Social Security Income	Ø	Social Security Income	
SSDI or Other Non-Taxable Social Security Income	Ø	SSDI or Other Non-Taxable Social Security Income	
Death Benefits	Ø	Death Benefits	
Pension, Annuities, or Retirement Plan Income	Ø	Pension, Annuities, or Retirement Plan Income	
Interest & Dividends Income	Ø	Interest & Dividends Income	
Food Stamps/Welfare/Public Assistance	Ø	Food Stamps/Welfare/Public Assistance	
Child Support**	Ø	Child Support**	
Alimony**	Ø	Alimony**	
Foster Care Income	Ø	Foster Care Income	
Gross Rents Received***	2024 \$110,315	Gross Rents Received***	
Other _____		Other _____	





Total (Gross Income): 2023		177,777		Total (Gross Income):			
<p>**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. If income is disclosed, it will have to be taken into account when reviewing for workout eligibility.</p> <p>***Include rental income/expenses received from all properties you own EXCEPT a property for which you are contributing to in this section.</p>							
Monthly Expenses [7]							
Installment Payments				Utility Expenses			
Credit Cards		\$1,410.12		Electric/Heating Fuel		729.15	
Student Loans	resumes 4/22/25	325.28		Water & Sewer		106.06	
Auto Loan 1		978.09		Telephone/Cell Phone		229.60	
Auto Loan 2		0		Garbage		41.84	
1st Mortgage	freedom	5,337.58		Security		30.03	
2nd Mortgage		0		Cable TV/Satellite/Internet	147.68 + 142.66 =		
Home Equity Loan		0		Rent (not in monthly installments)		290.54	
Other Mortgages or Consumer Loans		1,648.09		Other Utilities			
Total Installment:				Total Utilities:			
Transportation Expenses				Other Expenses			
Gas		280		Child Support		0	
Bus Fare		0		Alimony		0	
Subway/Train		0		Child Care		0	
Carpool		0		Tuition	monthly	1000.00	
Other				Auto Insurance		98	
Total Transportation:				Life Insurance		0	
Food, Clothing & Other Expenses				Health Insurance (not deducted from pay)		0	
				Medical and Dental		0	
				Tithing/Charity Contributions		15	
Food		700		Home Maintenance	2024 @ 50,000		
Clothing		100		HOA/Condo Fees		0	
Laundry/Dry Cleaning		0		Taxes (non-escrow loan)	quarterly	1640.93	
Housekeeping Supplies				Homeowner's Insurance (non-escrow loan)	(1241 TH) 1,540 ÷ 12		
Other	IRS repayment	479		Total Other:		\$132.50/mo	
Total Food, Clothing, Other:							





### Hardship Affidavit [8]

The hardship causing mortgage payment challenges began on approximately (date) June 2024 and is believed to be:

- ☒ Short-term (up to 6 months)  
☐ Long-term or permanent (greater than 6 months)  
☐ Resolved as of (date): \_\_\_\_\_

Type of Hardship (check all that apply)	Required Hardship Documentation:
<input type="checkbox"/> <b>Unemployment</b>	<ul style="list-style-type: none"> <li>➤ Unemployment Affidavit (Enclosed) - Only required if you are currently unemployed; <b>OR</b></li> <li>➤ 3rd Party documentation reflecting receipt of unemployment benefits; <b>OR</b></li> <li>➤ Documentation from prior employer proving termination/laid off.</li> </ul>
<input checked="" type="checkbox"/> <b>Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)</b>	<ul style="list-style-type: none"> <li>➤ No hardship documentation required.</li> </ul>
<input checked="" type="checkbox"/> <b>Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control</b>	<ul style="list-style-type: none"> <li>➤ No hardship documentation required.</li> </ul>
<input type="checkbox"/> <b>Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law</b>	<ul style="list-style-type: none"> <li>➤ Divorce Decree Signed by the court; <b>OR</b></li> <li>➤ Separation agreement signed by the court; <b>AND</b></li> <li>➤ Recorded quitclaim deed evidencing that the non-occupying Borrower or Co-Borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> <b>Death of a borrower or death of either the primary or secondary wage earner in the household</b>	<ul style="list-style-type: none"> <li>➤ Death Certificate; <b>OR</b></li> <li>➤ Obituary or newspaper article reporting the death</li> </ul> <p><i>Note: This information is being requested to document your hardship.</i></p> <p>If you are a successor in interest, or you think you might be, you may contact us at 855-690-5900, Monday through Friday 8:00 AM – 8:00 PM and Saturday 9:00 AM – 2:00 PM Eastern Time, to start the confirmation process.</p>
<input type="checkbox"/> <b>Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member</b>	<ul style="list-style-type: none"> <li>➤ Proof of monthly insurance benefits or government assistance (if applicable); <b>OR</b></li> <li>➤ Written statement of other documentation verifying disability or illness; <b>OR</b></li> <li>➤ Doctor's certificate of illness or disability; <b>OR</b></li> <li>➤ Proof of paid medical bills.</li> </ul> <p><i>Note: Detailed medical information is not required, and information from a medical provider is not required.</i></p>
<input checked="" type="checkbox"/> <b>Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment</b>	<ul style="list-style-type: none"> <li>➤ <u>Insurance Claim</u>; <b>OR</b></li> <li>➤ Federal Emergency Management Agency grant or Small Business Administration loan; <b>OR</b></li> <li>➤ Borrower or Employer property located in a federally declared disaster area.</li> </ul>





<input type="checkbox"/> Distant employment transfer / Relocation	<p><b>For active-duty service members:</b></p> <ul style="list-style-type: none"> <li>➤ Permanent Change of Station (PCS) orders or letter showing transfer.</li> </ul> <p><b>For employment transfers/new employment:</b></p> <ul style="list-style-type: none"> <li>➤ Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable; <b>AND</b></li> <li>➤ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders).</li> </ul>
<input checked="" type="checkbox"/> Other: A Hardship that is not covered above	<ul style="list-style-type: none"> <li>➤ Written explanation describing the details of the hardship and relevant documentation to prove hardship.</li> </ul> <p><i>child sickness, diagnosis upon request.</i></p>





### Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party\*, or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I consent to allow Freedom Mortgage Corporation to verify my past and present employment earnings records, tax transcripts, bank accounts, stock holdings and any other asset balances that are needed to process my request for mortgage assistance.
7. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
8. A condemnation notice has not been issued for the property.
9. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party\*.

\*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

☒ By checking this box, I also consent to being contacted by text messaging.

Nanaudumant

Borrower #1 Signature

030-64-0942

Social Security Number

03/05/73

Date of Birth

3/1/25

Date

Borrower #2 Signature

Social Security Number

Date of Birth

Date

Borrower #3 Signature

Social Security Number

Date of Birth

Date

Borrower #4 Signature

Social Security Number

Date of Birth

Date





## Instructions on how to complete Contributor Application

Section	Description	Explanation	Required Documentation
[1]	<b>Contributor Information</b>		
[1a]	Contributor	The contributor section must include information on the individual at your property address who are not on the loan as borrowers, but who have agreed to include their income in the review of your loss mitigation options.	N/A
[1b]	Co-Contributor	The co-contributor is a second individual at your property address who are not on the loan as borrowers, but who have agreed to include their income in the review of your loss mitigation options.	N/A
[2]	<b>Active Duty</b>	<p><b>For this section you should choose one option for each question.</b></p> <p><b>Ensure to include the End of Active Obligated Service (EAOS)/End of Term of Service (ETS) Date</b></p>	<p><b>If your EAOS/ETS is less than 12 months from the date of this application:</b></p> <ul style="list-style-type: none"> <li>➤ An Offer of Civilian Employment Following Release from Active Service; <b>OR</b></li> <li>➤ Permanent Change of Station (PCS) Orders or Letter Showing Transfer; <b>OR</b></li> <li>➤ Reenlistment or Extension of Reenlistment Documentation <b>OR</b> Statement from Service member of intent to Reenlist/Extend; <b>AND</b></li> <li>➤ Statement from CO confirming eligibility to Reenlist/Extend and probability of being granted.</li> </ul> <p><b>If a surviving spouse of a deceased service member who was on active duty at the time of death is indicated:</b></p> <ul style="list-style-type: none"> <li>➤ Servicemember Death Certificate.</li> </ul>
[3]	<b>Credit Information</b>		
[3a]	All Contributor Monthly Income	All Monthly Income Sources	<ul style="list-style-type: none"> <li>➤ Most recent year filed full tax return with all schedules. Must be signed and dated or provide proof they were electronically filed.; <b>OR</b></li> <li>➤ Fully executed 4506-C for each borrower, if not filed jointly with primary Borrower; <b>AND</b></li> <li>➤ Borrower Signature Authorization and Taxpayer Consent.</li> </ul> <p><i><b>NOTE:</b> If any Co-Contributors filed separately from the Borrower, please provide the most recent year filed full tax return with all schedules for each Co-Borrower who filed separately. Must be signed and dated or provide proof they were electronically filed.</i></p>





	Monthly Gross Wages, Overtime & Tips, Commissions, and Bonuses	<p>Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.</p> <p>This amount should be listed on a current pay stub.</p> <p>For Pay Frequency of Quarterly, Semi-Annually or Annually.</p>	<p>➤ Most recent paystubs to show 30 day pay history; <b>OR</b> 2 most recent bank statements showing income deposit(s).</p> <p><b>For Pay Frequency of Quarterly, Semi-Annually or Annually:</b></p> <p>➤ Copy of documentation detailing terms of salary payments</p> <p><b>For Military Income:</b></p> <p>➤ 2 most recent Leave &amp; Earnings Statements (must cover 30 days); <b>OR</b> 2 most recent bank statements showing income deposit(s).</p>
	Self-employed Income	Income received from being self-employed including 1099, Uber/Lift, GrubHub/DoorDash, etc.	<p>➤ Signed Quarterly or Current Year-To-Date Profit &amp; Loss Statement (enclosed example); <b>OR</b> 2 most recent bank statements showing income deposit(s).</p> <p>➤ Copy of complete, signed prior year tax returns with below schedules for Self-Employment type of:</p> <ul style="list-style-type: none"> <li>• Sole Proprietor: Form 1040, with Schedule C</li> <li>• Partnership – General: Form 1040 Schedule K-1 and Form 1065</li> <li>• Partnership – Limited: Form 1040 Schedule K-1 and Form 1065</li> <li>• Corporation: Form 1040 and Form 1120</li> <li>• LLC: Form 1040 Schedule K-1 &amp; E and Form 1065</li> <li>• S Corp: Form 1040 Schedule K-1 &amp; E and Form 1120S</li> </ul>
	Unemployment Income	Unemployment benefits received for recurring seasonal unemployment.	➤ Proof of unemployment income for most recent 2 years that details: amount, frequency and duration of payment.
	Social Security Income	SSI benefits are payable to people 65 and older without disabilities who meet the financial limits.	<p>➤ Most recent Award Letter/Statement/Print out from issuing agency; <b>OR</b></p> <p>➤ 2 most recent months bank statements showing income being deposited.</p>
	SSDI or Other Non-Taxable Social Security Income	The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources.	
	Death Benefits	A payout to the beneficiary of a life insurance policy, annuity, or pension when the insured or annuitant dies.	
	Pension, Annuities, or Retirement Plan Income	Only include if you are retired and collecting income from retired funds.	
	Interest & Dividends Income	Dividends are a distribution of a corporation's earnings to its stockholders.	N/A





	Food Stamps/ Welfare/Public Assistance	Report the amount indicated on your benefits letter.	<ul style="list-style-type: none"> <li>➤ Most recent Award Letter/ Statement/Print out from issuing agency that states the amount and frequency of benefit; <b>OR</b></li> <li>➤ 2 most recent months bank statements showing income being deposited.</li> <li>➤ Complete Public Assistance Affidavit (enclosed).</li> </ul>
	Child Support/ Alimony	If you receive child support, alimony, or separation maintenance income, you are not required by law to report it. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.	<ul style="list-style-type: none"> <li>➤ Divorce Decree from court; <b>OR</b></li> <li>➤ Separation agreement from court; <b>OR</b></li> <li>➤ Court Decree for Alimony or Child Support; <b>OR</b></li> <li>➤ 2 most recent months bank statements or deposits to show proof of receipt.</li> </ul>
	Foster Care Income	Income received from foster care received by the state.	<ul style="list-style-type: none"> <li>➤ Copy of contract that includes; Amount received, Frequency &amp; Duration; <b>OR</b></li> <li>➤ Letter from the agency; <b>OR</b></li> <li>➤ 2 months proof of receipt</li> </ul>
	Gross Rents Received	Only include rental income if used as part of your overall income.	<ul style="list-style-type: none"> <li>➤ Prior year tax returns including Schedule E; <b>OR</b></li> <li>➤ 2 months recent bank statements showing deposit; <b>OR</b></li> <li>➤ Current Lease Agreements signed by all parties.</li> </ul>
[3b]	Monthly Expenses	For this section you should include All monthly expenses.	N/A
[3c]	Asset Information	Report amounts for all accounts, if applicable.	<ul style="list-style-type: none"> <li>➤ Most recent 2 months bank statements.</li> </ul> <p><b>** This is only required to support income you are indicating in Section [3a].</b></p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• <i>Bank statements are required for all checking and savings accounts, including accounts that are held jointly and individually by all borrower(s). All pages for each statement are required.</i></li> <li>• <i>If you transfer money from between your accounts, please ensure you include all statements showing the transfers.</i></li> <li>• <i>If you have your paycheck direct deposited into multiple bank accounts, please ensure you include all statements showing the deposits.</i></li> </ul>



## Contributor Application

This form must be completed by anyone that wants to be considered in the review for loss mitigation options and is a 100% contributor towards the mortgage payment and/or any other household expenses. Contributor will be required to provide documentation to prove income and confirm residency in subject property. Additionally, this form must be completed to disclose information about (1) you and your residency status; (2) information about your income, expenses and financial assets and (3) information about the mortgage(s) or other single-family real estate that you own.

Freedom Mortgage Loan Number	0152871307
Freedom Borrower Name	NANCY J DUMONT
Property Address	97 SOUTH STREET SOUTH BURLINGTON, VT 05403-0000

The undersigned borrower authorizes Freedom Mortgage Corporation ("Freedom Mortgage") to review the referenced Contributor and, if needed, add to their Freedom Mortgage account.

  
Borrower Signature

  
Date

## Contributor Information [1]

Contributor #1 [1a]		Contributor #2 [1b]	
Contributor's Name: <u>N/A</u>		Contributor's Name:	
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Home Phone # with Area Code:		Home Phone # with Area Code:	
Cell Phone # with Area Code:		Cell Phone # with Area Code:	
<input type="checkbox"/> Same as Property Address (if checked leave blank) Mailing Address: City: _____ State: _____ Zip: _____		<input type="checkbox"/> Same as Property Address (if checked leave blank) Mailing Address: City: _____ State: _____ Zip: _____	
Email Address:		Email Address:	

## Active Duty [2]

Is any contributor an active duty service member?

☐ Yes ☒ No

Has any contributor been deployed away from his/her primary residence or received a Permanent Change of Station order?

☐ Yes ☒ No

Is any contributor the surviving spouse or a dependent of a deceased service member who was on active duty at the time of death?

☐ Yes ☒ No

## End of Active Obligated Service (EAOS)/End of Term of Service (ETS) Information

End of Active Obligated Service (EAOS)/End of Term of Service (ETS) Date?

N/A

If your EAOS/ETS is less than 12 months from the date of this application, you:

- ☐ Intend to reenlist/extend    ☐ Have already reenlisted    ☐ Intend to retire from military service  
☐ Have an offer for employment, upon release from active service





## Contributor Financial Information [3]

Contributor Financial Information [3]					
All Contributor Monthly Income Sources (Documentation is required to support contribution amount) [3a]		Monthly Contributor Expenses/Debt[3b]		Expenses/Debts (cont.)	
Monthly Gross Wages		Other Mortgages***		Taxes (non-escrow loan)***	
Overtime		Student Loans		Tithing/Charity Contributions	
Tips, Commissions, and Bonuses		Auto Loan(s)		Other:	
Self-employed Income		Credit Cards		<b>Total Debt/Expenses:</b>	
Unemployment Income		Other Consumer Loans			
Social Security Income		Utilities			
SSDI or Other Non-Taxable Social Security Income		Cable			
Death Benefits		Rent (not in monthly installments)		<b>Contributor Assets[3c]</b>	
Pension, Annuities, or Retirement Plan Income		Transportation (i.e. Gas, Subway, Bus Fare, etc.)		Checking Account(s)	
Interest & Dividends Income		Living Expenses (i.e. Food, Clothing, Supplies, etc.)		Checking Account(s)	
Food Stamps/Welfare		Child Support**		Savings/Money Market	
Child Support**		Alimony**		CD's	
Alimony**		Child Care		Stocks/Bonds	
Foster Care Income		Auto Insurance		Other Cash on hand	
Gross Rents Received***		Health/Life Insurance (not deducted from pay)		Other Real Estate	
Other: _____		Homeowner's Insurance (non-escrow loan)		Other: _____	
<b>Total (Gross Income):</b>		HOA/Condo Fees (Documentation Required)***		<b>Total Assets:</b>	
**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.					
***Include rental income/expenses received from all properties you own EXCEPT a property for which you are contributing to in this section.					



# Contributor Form

## Contributor Acknowledgement and Agreement

1. I certify that all of the information in this Contributor Package is truthful.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of the mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. Although I am not a borrower on the loan for which modification assistance is requested, I currently: (initial appropriate occupancy status)
  - ☐ reside in and intend to continue to reside in this property
  - ☐ live in a property other than this property
4. I certify that I am a 100% contributor towards the mortgage payment or any other household expenses each month and I will continue to do so for the foreseeable future.
5. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to pull my credit report to verify occupancy status.
6. I certify that the residence I am contributing to is a habitable residential property that is not subject to a condemnation notice.
7. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
8. I understand that the Servicer will use this information to evaluate the borrower for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer assistance based solely on the representations in this document or other documentation submitted in connection with the request.
9. I understand that the Servicer will collect and record personal information that I submit in this contributor package during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
10. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

\_\_\_\_\_  
Contributor #1 Signature

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contributor #2 Signature

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date





## **Boarder Information Sheet**

A Boarder is someone who resides in the subject property and contributes a portion of their income to household expenses. This form is to be completed by individuals who reside with you at the subject property address who are not on the loan as borrowers, but who have agreed to include a percentage of their income (less than 100%) in the review of your loss mitigation workout review.

<b>To Be Completed by the Borrower</b>	
Borrower Name: NANCY J DUMONT	
Freedom Mortgage Loan Number: 0152871307	
Property Address: 97 SOUTH STREET SOUTH BURLINGTON, VT 05403-0000	
<b>To Be Completed by the Boarder</b>	
Full Name: N/A	
Email Address:	
Home Phone w/Area Code:	Cell Phone w/ Area Code:
Relationship to Borrower:	Amount of income contributing monthly:

By signing below, I, the boarder, state the following:

- I reside at the borrower's principal residence and request my income be included in the review for the modification on the loan secured by this property
- I will contribute the income stated above to household expenses and mortgage payments each month and will continue to do so for the foreseeable future
- I agree that my duration of boarding at the subject property will continue until \_\_\_\_\_ [enter date].  
Yes ☐ No ☐
- I agree to provide documentation to prove:
  - My residency at the subject property
  - Payments of monthly boarder contribution for the past 60 days

I understand that the information and documents submitted are subject to examination and verification. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Boarder Signature



# Unemployment Affidavit *N/A*

Freedom Mortgage Loan Number: 0152871307

Property Address: 97 SOUTH STREET SOUTH BURLINGTON VT 05403-0000

I (Borrower Name) Nancy duMont hereby certify and state that the following items are all true and accurate:

1. Became unemployed on N/A (day, month, year)

2. Am actively seeking and available for employment.

3. Will notify Freedom Mortgage promptly after I become gainfully employed.

4. Have not received any documentation stating that my unemployment benefits will not continue.

Yes ☐ No ☐

5. Do you have any reason to believe your unemployment benefits will not be renewed upon their expiration on

\_\_\_\_\_ (date on document)? Yes ☐ No ☐

Signed this 1 day of March, 2025.

Nancy duMont  
Borrower Signature

By signing this affidavit, I am confirming the above statements.

Please return the signed agreement:

**By e-mail:**

[LossMitigation@FreedomMortgage.com](mailto:LossMitigation@FreedomMortgage.com)

**By mail:**

**Overnight**

Freedom Mortgage  
3001 Technology Drive  
Edmond, OK 73013

**Regular Mail**

Freedom Mortgage  
3001 Technology Drive  
Edmond, OK 73013

**By phone:**

855-690-5900

**By fax:**

866-505-0949





## Public Assistance Affidavit

Freedom Mortgage Loan Number: 0152871307

Property Address: 97 SOUTH STREET SOUTH BURLINGTON VT 05403-0000

I, (Borrower Name) Nancy duMont hereby certify and state that the following items are all true and accurate:

1. Have not experienced any change in circumstances that I am required to report to the  
N/A (applicable administering agency) concerning my continued eligibility for public assistance benefits. Yes ☐ No ☐
2. Have not received any documentation from the above-mentioned administering agency stating that my public assistance benefits will not continue. Yes ☐ No ☐
3. Do you have any reason to believe your public assistance benefits will not be renewed upon their expiration on  
\_\_\_\_\_ (date on document)? Yes ☐ No ☐

Signed this 1 day of March, 2025.

By signing this affidavit, I am confirming the above statements.

Nancy duMont  
Borrower Signature

Please return the signed agreement:

**By e-mail:** LossMitigation@FreedomMortgage.com

**By mail:**

**Overnight**

Freedom Mortgage  
3001 Technology Drive  
Edmond, OK 73013

**Regular Mail**

Freedom Mortgage  
3001 Technology Drive  
Edmond, OK 73013

**By phone:**

855-690-5900

**By fax:**

866-505-0949





Freedom Mortgage Loan Number: 0152871307

## Borrower Signature Authorization and Taxpayer Consent

I hereby authorize Freedom Mortgage Corporation ("the Servicer") to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my application. I further authorize the Servicer to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information Freedom Mortgage Corporation obtains is only to be used in the processing of my application.

I understand, acknowledge, and agree that Freedom Mortgage Corporation (Lender) and Other Loan Participants can obtain, use, and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers, or service providers for these parties and any of aforementioned parties' successors and assigns.

Nancy J. Mont  
Borrower

3/1/25  
Date

