



Dear Homeowner:

Thank you for choosing Green Credit Solutions to assist you in avoiding foreclosure. We have helped many others in similar, or even worse, circumstances. Our company specializes in helping people find alternatives to foreclosure and the loss of their home. Our objective is to make sure that you realize no matter how bad your situation has become, it may be possible to avoid foreclosure if you take prompt action. Together, we may be able to resolve your delinquency without a foreclosure sale of your home.

The key to avoiding foreclosure is you! Through open communication with our loss mitigation negotiators, we will try to help you cure your mortgage default without foreclosure. The loss mitigation services provided by GCS include:

**Loan Modification:** Lenders may agree to modify the terms of your loan, such as reducing monthly payment amounts, reducing the loan balance, or the interest rate, or fixing an adjustable interest rate.

**Short-Sale:** An agreement by the lender to reduce the payoff balance and allow you to sell your home to a buyer that you or your real estate agent has found.

**Forbearance:** A modified repayment agreement that lasts for a period of time. The goal of this plan is to allow you to catch up on any delinquent mortgage payments, while making current payments.

**Deed-in-Lieu of Foreclosure:** Giving the lender possession and title to your home rather than going through the foreclosure process.

Your fees cover as many of these services as are required, or that you elect to pursue.

**Client's Responsibilities:**

Please complete the following application in its entirety and return it, and any other requested documents, as soon as possible. It is essential that you fill out the following paperwork **COMPLETELY** and that you attach any and all documentation that has been requested. **Failure to do so will delay processing of your file and thus will likely affect your outcome.** Please be advised that lenders have different requirements and therefore additional information may be requested from you. It is **ESSENTIAL** that you rush all requested documents to us so that we may process your file as quickly as possible. It is **YOUR RESPONSIBILITY** to furnish all requested documentation so that we may obtain the best possible result for your personal situation.

1. All Clients must be available for, and participate in, an orientation phone call prior to being accepted into the Loss Mitigation program, for compliance and quality assurance purposes. You will be contacted at the time and phone number you indicate below under "best time to call," or you can set an appointment at the time of submitting this application. Lack of participation in the orientation will result in delay of processing Client's matter.
2. Client must provide all necessary account information and inform GCS of any changes in contact information, financial standing, employment, or other matters affecting your economic status. Client must also inform GCS of all contact directly from the lender and send copies of any such written contact to GCS. It is essential that Client keep GCS informed of all current information, and respond timely to GCS' requests for information and documentation.



After the Loss Mitigation Package is returned to us you can expect the following:

1. Your application will be reviewed in detail to ensure the best solution for you.
2. Your application will undergo a thorough pre-qualification process, and we will work with you to prepare a package of paperwork that will have the best possible chance of success with your lender(s). We have worked extensively with lenders and we have the expertise to know what they want to see in the area of loss mitigation.

Upon acceptance into the loss mitigation program GCS will proceed according to the solution(s) initially proposed to you. Loss Mitigation can be a rather lengthy process. Attention to detail is crucial. Please give us some time to process your file.

Please be advised that final decisions regarding the terms and/or conditions of your plan or modification are made at the sole discretion of the lender. **GCS does not guarantee that any plan proposed by the client, and submitted by GCS or law firm, to the lender, will be accepted by the lender.** Additionally, Client acknowledges that the presentation of a Plan or negotiation with Lender by GCS will not prevent or cure a default of the Loan or foreclosure until the modification of the Loan has been agreed to in writing and signed by both Client and the Lender.

**Indemnification:**

Client shall indemnify, defend and hold harmless GCS, its officers, directors, employees and agents for, from and against any and all claims, lawsuits, losses, damages, costs and liabilities of any kind arising from any default of Client on any loan or the foreclosure of any deed of trust, except claims arising from the gross negligence or intentional misconduct of GCS.

**Refund Policy:**

In the event that either 1) you opt not to pursue all loss mitigation options or 2) we are unable to secure any of the above listed solutions, you will be refunded a prorated amount of the fees paid in excess of \$2,495.00.

We will make every attempt to help you avoid foreclosure, however the ultimate results are dependent on your lender(s) and there are **no guaranteed results**. Thank you again and we look forward to a long-standing relationship that you know you can rely on.

**By signing below you agree that you have read and understand the application, terms, and requirements.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## LOAN MODIFICATION CHECKLIST

Thank you for you for choosing Green Credit Solutions to assist you in connection with your home mortgage loan(s).

Detailed below you will find a checklist of items that will be necessary for us to obtain an accurate assessment of your current financial situation. It is extremely important to submit complete and accurate information. **MISSING OR INACCURATE INFORMATION WILL DELAY THE PROCESSING OF YOUR REQUEST AND MAY AFFECT THE OUTCOME OF YOUR REQUEST.**

Please furnish this information to your Green Credit Solutions representative as quickly as possible. Please allow time for the processing of your paperwork. Loan Modification is carefully achieved through correspondence with your lender.

**PLEASE BE ADVISED! IT IS YOUR RESPONSIBILITY TO PROVIDE THIS INFORMATION IN A TIMELY MANNER IN ORDER TO SUCCESSFULLY COMPLETE YOUR REQUEST AND NEGOTIATE THE BEST RESULT!**

**PLEASE USE THIS CHECKLIST AND ATTACH AS THE COVER SHEET TO YOUR REQUEST PACKAGE:**

- FINANCIAL WORKSHEET - Provides a quick snapshot of the overall financial information for both the borrower and co-borrower. Must be fully completed with most current and accurate information.
- EXPLANATION OF FINANCIAL - This form allows you to explain in detail the reason(s) behind your current financial situation. In addition to filling out this form, you will need to provide proof of your hardship claim, such as medical bills, death certificate unemployment stubs.
- MORTGAGE COUPONS AND RECENT LENDER CORRESPONDENCE - This will provide the most recent items received, this provides us with an accurate picture of the standing of your mortgage loan.
- PROOF OF INCOME - For W-2 employees, two most recent payroll stubs for the month most recently worked. For self employed borrowers a year to date Profit and Loss Statement.
- COPIES OF THE TWO MOST RECENT FEDERAL INCOME TAX RETURNS - Please provide copies of the originals, signed and dated. Please provide all schedules. For incorporated self employed borrowers we will require two most recent corporate returns as well.
- COPIES OF TWO MOST RECENT BANK STATEMENTS & ASSETS - Please provide all accounts and should contain all pages. Assets should include retirement accounts, CD's, Stocks Etc.
- COPIES OF MONTHLY EXPENSES - Please provide copies of any and all monthly expenditures. These should include utility bills (HOA, electric, gas), insurance bills (car, home, health), credit card statements, child care, home maintenance.
- PLEASE BE ADVISED THAT EVERY CASE IS UNIQUE, ADDITIONAL TIMES MIGHT BE NEEDED DEPENDING ON YOUR SITUATION.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Financial Worksheet**

(Please fill out as completely as possible)

Loan Number: # \_\_\_\_\_ | Date: \_\_\_\_\_

**Borrower and Co-Borrower Information**

Borrower's Name: \_\_\_\_\_ | Co-Borrower's Name: \_\_\_\_\_

Borrower's Social Security #: \_\_\_\_\_ | Co-Borrower's Social Security #: \_\_\_\_\_

Name of Employer (Borrower): \_\_\_\_\_ | How Long? Years \_\_\_\_\_ Mos. \_\_\_\_\_

Name of Employer (Co-Borrower): \_\_\_\_\_ | How Long? Years \_\_\_\_\_ Mos. \_\_\_\_\_

**Subject Property Address**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_

**Mailing Address:  Rent  Own  I Don't Know How Long: Years: \_\_\_\_\_ Mos: \_\_\_\_\_**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_

**Monthly Income Data**

Description:	Borrower's Income:	Co-Borrower's Income:
Monthly Gross Pay:	\$ _____	\$ _____
Monthly Net Pay:	\$ _____	\$ _____
Commission/Bonuses:	\$ _____	\$ _____
Other Income/Specify: (Child Support/Alimony/Rental/Other)	\$ _____	\$ _____
Number of Members in Household	_____	_____

PLEASE! It is your responsibility to furnish this information needed for work to begin and to successfully complete your modification with the best results!

Signature: \_\_\_\_\_ | Date: \_\_\_\_\_

Signature: \_\_\_\_\_ | Date: \_\_\_\_\_



## Financial Worksheet (cont.)

Please be as detailed as possible and also provide mortgage statements, documentation to match liabilities. Add tax bill and dec pg. request.

Description	Estimated Value	Description	Monthly Payment	Balance Due	Description	Monthly Payment	Balance Due
Home	_____	Subj. (1 <sup>st</sup> ) Monthly Payment	_____	_____	Childcare	_____	_____
Other Real Estate	_____	Subj. (2nd) Monthly Payment	_____	_____	Cable	_____	_____
Automobile	_____	HOA	_____	_____	Cell Phone	_____	_____
List Make	_____	Homeowner's Insurance	_____	_____	Medical Expenses	_____	_____
Automobile	_____	Other Mortgage/Rent	_____	_____	Medical/ Life Ins.	_____	_____
List Make	_____	Alimony or Child Support (circle one)	_____	_____	Student Load	_____	_____
Checking Account	_____	Automobile Loan	_____	_____	(1) Credit Card – Min Payment	_____	_____
Savings/Money Market	_____	Auto-gas, Maintenance & Parking	_____	_____	(2) Credit Card – Min Payment	_____	_____
IRA Account	_____	Insurance Auto	_____	_____	(3) Credit Card – Min Payment	_____	_____
401k/ESOP Account	_____	Food/ Toiletries	_____	_____	Dry Cleaning	_____	_____
Stocks, Bonds, CD's	_____	Utilities - phone - electric - gas	_____	_____	Misc. (Explain)	_____	_____
Other Investments	_____	Expenses From <u>Other Properties:</u> Mortgage payments Taxes and Insurance	_____	_____	Charity Donations	_____	_____

**PLEASE NOTE:** it is YOUR responsibility to furnish this information needed for work to begin on your case and give it the best chance for success!

\* Please notate any expenses that are deducted from individual(s) paystubs or charged to a credit card already included as an expense. Also, business expenses should not appear on this schedule.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Explanation of Financial Hardship

It is extremely important that your lender fully understands your current financial situation and the hardship you are experiencing.

Please complete this form by checking the appropriate reason or reasons for your hardship (a form is provided on the following page for more detailed explanation). If you have documentation that supports your explanation, please include it with this form when you return it to us.

**I am having trouble making my monthly payment due to financial difficulties.**

I believe my situation is:  Temporary  Permanent

**My financial difficulties are the result of (check all that apply):**

- Unemployment (Start Date \_\_\_\_\_, End Date \_\_\_\_\_)**

Explain: \_\_\_\_\_

- EXCESSIVE FINANCIAL RESPONSIBILITIES**

Explain: \_\_\_\_\_

- ILLNESS (Start Date \_\_\_\_\_, End Date \_\_\_\_\_)**

Explain: \_\_\_\_\_

- Reduction in Income (Start Date \_\_\_\_\_, End Date \_\_\_\_\_)**

Explain: \_\_\_\_\_

- Death (Date of Death \_\_\_\_\_)**

Explain: \_\_\_\_\_

- Other**

Explain: \_\_\_\_\_

*Please briefly explain your hardship or reason for being delinquent and how you propose to resolve it on the next page.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Hardship Letter

Date: \_\_\_\_\_

Borrower's Name(s): \_\_\_\_\_

Subject Property: \_\_\_\_\_

Borrower's Phone: \_\_\_\_\_

EXPLAIN HARDSHIP:

Lined area for explaining hardship.

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_

\* Any additional pages need to be initiated by borrower(s)



Loan Modification Information Worksheet

Date: \_\_\_\_\_

Complete this form to the best of your ability. Our representative will be happy to help complete this form with you if you are unsure.

Borrower and Property Information (please provide all that you can)

Borrower's Name: \_\_\_\_\_

Co-Borrower's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Best Time To Call: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best Time To Call: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Best Time To Call: \_\_\_\_\_

To be completed by Green Credit Solutions Employers ONLY:
Originator of lead: \_\_\_\_\_ Sales rep: \_\_\_\_\_

Current Loan Detail 1st T.D. (please provide any information you have available)

Mortgage Company: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Customer Service #: \_\_\_\_\_

Account #: \_\_\_\_\_

Mortgage Payment:

Impounds:

Tax Per Month:

Insurance:

\$ \_\_\_\_\_

Yes  No

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Current rate of Interest:

Fixed  ARM
 i/o  NegAm

Recast Date:

Recast Rate:

% \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\$ \_\_\_\_\_

Delinquent Amt:

Last Pymt. Accepted:

NOD:  Yes  No
 I Don't Know

Sales Date:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





**Loan Modification Information Worksheet (cont.)**

**2<sup>nd</sup> T.D. (if applicable)**

Mortgage Company: _____		Current Balance: \$ _____	
Customer Service #: _____		Account #: _____	
Mortgage Payment:	Impounds:	Tax Per Month:	Insurance:
\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Current rate of Interest:	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM	Recast Date:	Recast Rate:
% _____	<input type="checkbox"/> i/o <input type="checkbox"/> NegAm	____/____/____	\$ _____
Delinquent Amt:	Last Pymt. Accepted:	NOD: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales Date:
\$ _____	\$ _____	<input type="checkbox"/> I Don't Know	____/____/____

**Proposed Modification (please provide your best guess)**

	1 <sup>st</sup> T.D.	2 <sup>nd</sup> T.D.
Maximum affordable payment per customer request:	_____	_____
Plus Tax:	_____	_____
Plus INS:	_____	_____
<b>TOTAL:</b>	_____	_____
Ideal Term:	_____	_____
Principal balance require to meet client's request:	_____	_____
Less Original Principal balance before request is made:	_____	_____

I/We can manage a monthly payment of \$ \_\_\_\_\_ without a hardship. Any higher monthly payment than \$ \_\_\_\_\_ per month, and I/we will be forced to either sell or lose my home.

Home Owner: X \_\_\_\_\_ Co-owner: X \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_



**BORROWER AUTHORIZATION**

Dated: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pursuant to the provisions of California Civil Code Section 2923.5(f), the undersigned do hereby appoint Green Credit Solutions, Inc., acting by and through its employees, staff, attorneys and agents, as the authorized agent of the undersigned, to act on behalf of the undersigned, with respect to avoiding foreclosure of the following real property:

\_\_\_\_\_

\_\_\_\_\_

As necessary to carry out the above, Green Credit Solutions, Inc., acting by and through its employees, staff, attorneys and agents, is expressly authorized, on behalf of the undersigned, to:

1. Communicate with my creditors, obtain any information regarding my accounts or debts that I may owe, including for example the account balances, payment history, verification of the account and any other information necessary to allow Green Credit Solutions, Inc., to evaluate and formulate settlement or payment offers on my behalf.
2. Make good faith settlement or payment offers on my behalf.

This authorization shall expire six (6) months from the date above unless rescinded in writing prior to that date.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

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

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

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

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



Payment Authorization

Please fill out only the section for the option that you are choosing and the authorization for that section. Please print all information.

OPTION 1: DEDUCT FROM BANK ACCOUNT (ACH)

The Account is: [ ] Checking [ ] Savings

Bank Name:
Account #:
Routing Number #:

OPTION 2: Check, Money Order or Cashier's Check

Check [ ] Money Order [ ] Cashier's Check

To pay by personal check, money order or cashier check make payable to: "Green Credit Solutions" and promptly mail to: 7525 Irvine Center Dr Ste 200, Irvine, CA 92618

PAYMENT INFORMATION

PAYMENT: \$ / / DATE: / /

Name: SS#: Phone #:
Street: City: State: Zip:
Email Address: Date of Birth:

To be completed by office personnel only:
[ ] GCS [ ] DLC
Global Account Number

AUTHORIZATION FOR OPTION 1 (YOU MUST SIGN TO AUTHORIZE TRANSACTIONS)

Account holder(s) authorize Global Client Solutions to start electronic debit entries to the account shown. Enrollment fees will be debited from this account on the due dates listed above.

\*\* Any changes or cancellations of the agreement above must be made within 72 hours of the original agreement. Please contact billing@getgreencredit.com and or 877.793.8634.

" Any returned fee charges due to non-sufficient funds will be charged an NSF fee of \$50.00 due in certified funds added to the original amount to be deducted"

X Signature Date: