

# AMH | ASSET MANAGEMENT HOLDINGS, LLC

8350 Bee Ridge Road, Suite 308, Sarasota, FL 34241  
PHONE: 1-800-217-3880 \* FAX: 941-926-7744

## Loss Mitigation Application

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options by Asset Management Holdings, LLC. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage on your principal residence and other single family real estate that you own. Finally, you will need to return to Asset Management Holdings, LLC this completed and signed form.

### Required Income Documentation:

- Pay stub showing at least 30 days of year-to-date income.
- Most recent Federal Tax return with all schedules.
- Documentation letter showing amount of any benefits (Social Security or disability).
- Copies of your two most recent bank statements.

**YOU HAVE UNTIL 30 DAYS TO FULLY COMPLETE AND RETURN THIS APPLICATION. FAILURE TO FULLY COMPLETE AND RETURN THIS APPLICATION WITHIN THAT TIME FRAME WILL RESULT IN DENIAL OF LOSS MITIGATION AND WE MAY PROCEED TO ENFORCE OUR LEGAL RIGHTS AGAINST YOU.**

When you sign and date this form, you are making important certifications, representations and agreements, including certifying that all of the information in this form is accurate and truthful.

**BORROWER INFORMATION**

**BORROWER:**

**CO-BORROWER:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PRIMARY PHONE NUMBER

\_\_\_\_\_  
PRIMARY PHONE NUMBER

\_\_\_\_\_  
SECONDARY PHONE NUMBER

\_\_\_\_\_  
SECONDARY PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

**HARDSHIP AFFIDAVIT**

**I/we request a review by Asset Management Holdings, LLC.**

*Check all hardship conditions I that apply:*

- Household income reduced. Example: job loss, hours cut, etc.
- Expenses have increased.
- Unemployed with benefits
- Unemployed and benefits ended less than 6 months ago
- Monthly debts are excessive
- Cash reserves are insufficient to maintain current mortgage and cover basic living expenses.

**Please provide an explanation on a separate sheet of paper.**

**COMBINED INCOME & EXPENSES OF BORROWER & CO-BORROWER**

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES		HOUSEHOLD ASSETS	
MONTHLY WAGES	\$	MORTGAGE #1	\$	CHECKING	\$
OVERTIME	\$	MORTGAGE #2	\$	CHECKING	\$
SELF-EMPLOYMENT	\$	INSURANCE	\$	SAVINGS	\$
UNTAXED SOC. SEC / SS DISABILITY	\$	PROPERTY TAXES	\$	IRA	\$
FOOD STAMPS	\$	HOA / CONDO	\$	CD	\$
TAXABLE SOC. SEC.	\$	CREDIT CARDS	\$	MONEY MARKET	\$
CHILD SUPPORT	\$	CHILD SUPPORT	\$	STOCKS/BONDS	\$
ALIMONY	\$	ALIMONY	\$	OTHER	\$
RENTS REC'D	\$	FOOD	\$		\$
SCHOOL LOAN(S)	\$	RENT	\$		\$
TIPS	\$	SCHOOL LOANS	\$		\$
COMMISSIONS	\$	TUITION	\$		\$
OTHER	\$	OTHER MORTGAGE	\$		\$
	\$	UTILITIES	\$		\$
	\$	GAS	\$		\$
	\$	CAR INSURANCE	\$		\$
	\$	CAR PAYMENT	\$		\$
	\$	TRAVEL	\$		\$
	\$	OTHER	\$		\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED FOR REPAYING YOUR MORTGAGE DEBT.*





 **SSET** MANAGEMENT  
H O L D I N G S L L C

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**THIRD PARTY AUTHORIZATION FORM**

\_\_\_\_\_  
Mortgage Servicer Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Borrower(s) Name(s)

\_\_\_\_\_  
Property Address

The undersigned Borrower and Co-Borrower (if any)(individually and collectively, "Borrower" or "I"), authorize the above Mortgage Servicer and its successors and assigns (individually and collectively, "Servicer") and the following third party:

\_\_\_\_\_  
Asset Management Holdings, LLC

Name of Entity, Agency, Firm

\_\_\_\_\_  
Name(s) of Authorized Person(s)

\_\_\_\_\_  
(800) 217-3880

Phone Number

\_\_\_\_\_  
Email Address

(individually and collectively "Third Party") to discuss, assist with, or, if applicable, negotiate a workout arrangement, including a modification or other relief, on my mortgage(s) with Servicer. I authorize Servicer and Third Party to share with each other public and non-public information about my finances and my mortgage, including, but not limited to: (i) the loan number, terms, status, payment history, and copies of any documents relating to my mortgage; and (ii) my social security number, credit score, income, debts, and other information relating to obtaining and servicing my mortgage. The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

This Third Party Authorization is valid when signed by Borrower and Co-Borrower (if any) named on the mortgage and until Servicer receives a written revocation signed by Borrower or Co-Borrower.

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD PARTY AUTHORIZATION.**

**Borrower**

**Co-Borrower**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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