



University of California Home Loan Program Corporation
Office of Loan Programs

Mortgage Assistance Application

University of California Loan Number(s) _____

Borrower Name _____ Co-Borrower Name _____

I. I am having problems making my monthly payment because of financial difficulties created by:

- | | |
|---|---|
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Business Failure |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Death of Spouse |
| <input type="checkbox"/> Medical Bills | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Job Relocations |
| <input type="checkbox"/> Reduced Income | <input type="checkbox"/> Unemployment |

II. I believe that my current hardship is:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary, should be over by _____ |
|------------------------------------|---|

III. Please include additional details regarding your hardship situation.

IV. I have completed page 2 (the Borrower Financial Statement) which also authorizes the University to run an updated credit report.

V. I certify that the statements and information provided above are true and complete.

Signature of Borrower Date

Signature of Co-Borrower Date



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Borrower Financial Statement

		University of California Loan Number(s)	
Borrower Name	Date of Birth	Co-Borrower Name	Date of Birth
Current Mailing Address		Current Mailing Address	
Current Property Address (if different from mailing address)		Current Property Address (if different from mailing address)	
Home Phone #		Home Phone #	
Work/Cell Phone #		Work/Cell Phone #	
Email Address		Email Address	
Employer – Borrower	How Long?	Employer – Co-Borrower	How Long?
Gross Monthly Income	\$	Gross Monthly Income	\$
Unemployment/Disability Income	\$	Unemployment/Disability Income	\$
Child Support/Alimony Received	\$	Child Support/Alimony Received	\$
Rents Received	\$	Rents Received	\$
Other (specify)	\$	Other (specify)	\$
TOTAL	\$	TOTAL	\$

Monthly Expenses

Mortgage Payment/Rent	\$
Other Mortgage(s)	\$
Auto Loan(s)	\$
Installment Loans	\$
Credit Cards	\$
Medical Bills	\$
Child Support/Alimony Paid	\$
Homeowners Association Fees/Dues	\$
Utilities	\$
Other (specify)	\$
TOTAL	\$

Assets

Type	Estimated Value
Primary Residence	\$
Other Real Estate	\$
Checking	\$
Savings/Money Market	\$
Automobiles – Value	\$
IRA/Keogh Account(s)	\$
401K/403B/457/ESOP Account(s)	\$
Stocks/Bonds	\$
Other (specify)	\$
TOTAL	\$

Total Number of Persons living in the Property ____ Have you ever filed bankruptcy? ___ No ___ Yes Date _____
 Are there any other liens or judgments against the property? ___ No ___ Yes, specify _____
 Are there any outstanding judgments against you or are you party to a lawsuit? ___ No ___ Yes, specify _____

Schedule of Real Estate Owned

Property Address (enter UC for MOP/SHLP loan, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgage	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc	Net Rental Income

I certify that all statements are true and complete. I expressly authorize any person, partnership, credit reporting agency, association, firm, corporation or personnel office or officer, upon your request, to furnish you a credit report or other information concerning me relevant to the review and evaluation of this application or any subsequent re-evaluation thereof.

Signature of Borrower

Date

Signature of Co-Borrower

Date