



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 requesting mortgage assistance due to hardship created by: (check all that apply)

☐ Military Service

☐ Business Failure

☐ Illness

☐ Death of Spouse

☐ Medical Bills

☐ Divorce/Separation

☐ Disability

☐ Job Relocations

☐ Reduced Income

☐ Unemployment

☐ Disaster

☐ Other: (please specify)

II. I believe that my current hardship is:

☐ Permanent

☐ Temporary, should be over by _____

III. Please detail your hardship situation and the type of mortgage assistance you are requesting:

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

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

Assets

Mortgage Payment/Rent	\$	Type	Estimated Value
Other Mortgage(s)	\$	Primary Residence	\$
Auto Loan(s)	\$	Other Real Estate	\$
Installment Loans	\$	Checking	\$
Credit Cards	\$	Savings/Money Market	\$
Medical Bills	\$	Automobiles – Value	\$
Child Support/Alimony Paid	\$	IRA/Keogh Account(s)	\$
Homeowners Association Fees/Dues	\$	401K/403B/457/ESOP Account(s)	\$
Utilities	\$	Stocks/Bonds	\$
Other (specify)	\$	Other (specify)	\$
TOTAL	\$	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 _____