



Loan number: \_\_\_\_\_

Loan Type: \_\_\_\_\_

(Note: This program excludes HELOC's and other open-end consumer lines of credit)

## Consumer Loan Assistance Application COVID 19 Loan Modification Program

If you are having payment challenges, please complete and submit this application, along with the required documentation to Shore United Bank via mail: P.O. Box 949, Attn: Consumer Loans, Easton, MD 21601, or contact you loan officer by phone 410-822-1400 to take your application by phone or email communication. 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 your Shore United Bank loan officer.

For a list of HUD-approved housing counseling agencies that can aid and provide additional guidance, 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)

### Borrower Information

**Borrower's name:** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

**Co-borrower's name:** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number: \_\_\_\_\_  Cell  Home  Work  Other

Preferred contact method (choose all that apply):  Cell phone  Home phone  Work phone  Email

## Property Information: For Real Estate Secured Loans Only

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

Mailing address (if different from property address): \_\_\_\_\_

• The property is currently:  A primary residence  A second home

• The property is (select all that apply):  Owner occupied  Vacant

Is the property listed for sale?  Yes  No – If yes, provide the listing agent’s name and phone number—or indicate “for sale by owner” if applicable: \_\_\_\_\_

Is the property subject to condominium or homeowners’ association (HOA) fees?  Yes  No – If yes, indicate monthly dues: \$ \_\_\_\_\_

Are the property’s real estate taxes paid current?  Yes  No

Is the homeowner’s insurance paid current?  Yes  No-Please indicate the annual amount that is due: \$ \_\_\_\_\_

## Hardship Request Related to COVID-19

The hardship causing payment challenges began on approximately (date) \_\_\_\_\_

## Borrower(s) Income

*Note: Updated Income Documentation may be requested upon expiration of the payment deferral period.*

Borrower’s Current Gross Monthly Income	Co-Borrower’s Current Gross Monthly Income
\$ _____	\$ _____

**Briefly Explain your current income situation and the impact of the pandemic on your current income and liquidity:**

## Current Borrower (s) Assets

Checking account(s) and cash on hand	\$ _____
Savings, money market funds, and Certificates of Deposit (CDs)	\$ _____
Stocks and bonds (non-retirement accounts)	\$ _____
Other:	\$ _____

## Auto Debit of Payments-Questionnaire

ARE YOUR PAYMENTS BEING MADE MONTHLY BY AUTO DEBIT FROM A SHORE UNITED BANK ACCOUNT?	YES _____ OR NO _____ <i>If yes, please answer the following questions. If no, proceed to the borrower certification and agreement section</i>
IF DEFERRAL IS APPROVED, PLEASE INDICATE HOW YOU WOULD LIKE YOUR AUTO DEBIT SET UP TO BE HANDLED FOR WHEN YOUR DEFERRAL PERIOD EXPIRES.	
SUSPEND/HOLD AUTO DEBIT <i>This option will automatically re-establish when payment deferral expires.</i>	_____ SUSPEND/HOLD
DELETE AUTO DEBIT <i>This option will permanently delete the auto debit of monthly payments, and you will need to contact us to set this aft back up if desired.</i>	_____ DELETE

## Borrower Certification and Agreement

1. I certify and acknowledge that all the information in this Consumer Loan Assistance Application is truthful, and the hardship I identified contributed to my need for consumer loan relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide Shore United Bank with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all communications with Shore United Bank.
3. I acknowledge and agree that the bank 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 bank obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by Shore United Bank, of any personal information collected during the 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), 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 agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or deferral plan that I may be offered based on this application.
7. I consent to being contacted concerning this application for assistance at any telephone number, including mobile telephone number, or email address I have provided to Shore United Bank.

***Signatures of the borrowers can be obtained at the time of signing the Change in Terms Agreement and not required at time of application. If taken by phone, please indicate by marking "per phone call".***

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Loan Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We will use the information you provided to help us identify the assistance you may be eligible to receive.**