Arizona Department of Housing

REQUEST FOR SHORT SALE ASSISTANCE CERTIFICATE OF ELIGIBILITY

Please allow 21 days for a response. Certificates of Eligibility are sent by U.S. mail. All other correspondence will be via e-mail. Be sure to include a working e-mail address and check for e-mail from www.azhousing.gov.

Applicant Information

Applicant	
Co-Applicant	
Phone	
Email	
Previously Received SOHAZ Assistance? (Y / N)	

Subject Property (must be primary residence)

Address	
City State Zip	
County	
Number of Household Members	
Household Monthly Gross Income	
Original Purchase Price of Home	

Estimated Assistance Calculation:

Estimated Sales Price:	
Estimated 1st Mtg Payoff:	
Estimated 2nd Mtg Payoff	

Estimated Assistance (Max amount of Program Assistance is $25,000*):

$	**Transition Assistance to Consumer (max $4,500)**
$	**Possible Second Mortgage Settlement (max 40% of 2nd Mtg, up to $8,500)**
$	**Potential Closing Costs Paid on Behalf of Seller (up to 3% of sales price)**
$ 0.00	**Total Estimated Assistance**

* If you have received other forms of SOHAZ assistance it will impact the remaining amount available for Short Sale Assistance.

Required Documents to Evaluate Request for Certificate of Eligibility:

1. Request for Short Sale Assistance Certificate of Eligibility
2. Dodd-Frank Certification
3. Third Party Authorization
4. Mortgage Statement(s) i.e. 1st and 2nd if applicable
5. Current Income Documents (i.e. Recent Paystub, Current Benefit Letter, Proof of Child Support, Current 90 day P&L, etc.)
6. Previous Year's Tax Returns and W2s
7. Bank Statement(s) - Most Recent Month

Method of Delivery

Fax Number :	1-800-957-5817 or
Mail:	Arizona Department of Housing
	Attn: Short Sale Assistance
	1110 W. Washington St., Suite 310
	Phoenix, AZ 85007

Arizona Department of Housing

Save Our Home AZ Assistance

Household Composition Declaration

	FULL NAME	RELATIONSHIP	18 & OVER* (YES/NO)	WORKING (YES/NO)	ANNUAL INCOME	OWN OTHER PROPERTY (YES/NO)
1					$	
2					$	
3					$	
4					$	
5					$	
6					$	
7					$	
8					$	

* 4506T is required for ALL Household Members over the age of 18.

I (We) have ☐ have not ☐ previously received Save Our Home AZ Assistance.

I (We) acknowledge and understand that this request and Principal Reduction Assistance if approved is based upon the truthfulness and accuracy of the documentation I (we) provide in support of this Request. I (We) acknowledge that a material misstatement negligently made by me (us) in connection with this request for Program assistance will constitute a federal violation punishable by a fine; and a material misstatement fraudulently made in support of this Request; will constitute a federal violation punishable by up to a **$10,000** fine which may be in addition to any criminal penalty imposed by law. In addition, any material misstatement or false statement which affects my (our) eligibility for Program Assistance will result in a denial of my (our) Request for Program Assistance or, if Program Assistance has been made prior to discovery of the false statement, will constitute a default on the Program Assistance. In addition, I (we) hereby acknowledge and understand that any false pretense, including any false statement or representation; or the fraudulent use of any instrument, facility, article or other valuable thing or service pursuant to my (our) participation in the Program, may be punishable by imprisonment or by a fine.

Signature of Applicant: _____ Date: _____

Signature of Co- Applicant: _____ Date: _____

EXHIBIT B
FORM OF DODD-FRANK CERTIFICATION

HELP FOR AMERICA'S HOMEOWNERS.

MAKING HOME AFFORDABLE℠

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower	Co-Borrower
☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: **(a)** felony larceny, theft, fraud or forgery, **(b)** money laundering or **(c)** tax evasion	☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: **(a)** felony larceny, theft, fraud or forgery, **(b)** money laundering or **(c)** tax evasion

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In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

_____ _____
Borrower Signature Date

_____ _____
Co-Borrower Signature Date

Third-Party Authorization Form

Mortgage Lender/Servicer Name ("Servicer") **[*Account*][*Loan*] Number**

Property Address

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and it's successors and assigns (individually and collectively, "Servicer") and the following third parties

[Counseling Agency]
Arizona Home Foreclosure Prevention Funding Corporation

[Agency *Contact Name and Phone Number*]
602-771-1000

[Eligible Entity]

[Eligible Entity *Contact Name and Phone Number*]

[Other Third Party]

[Third Party *Contact Name and Phone Number*]

[Relationship of Other Third Party to Borrower and Co-Borrower]

(individually and collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by servicer or Eligible Entity to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

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.

Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or authorized third party will work directly with your lender/mortgage servicer.
- Please visit http://makinghomeaffordable.gov/counselor.html to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed and until Servicer receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower

Printed Name

Signature SIGN

Date

Co-Borrower

Printed Name

Signature SIGN

Date