



### **Forbearance Application**

**Borrower(s):** \_\_\_\_\_

**Loan Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

If you are having difficulty paying your outstanding cdcb mortgage loan due to COVID-19, please complete and submit this application. We will contact you within 5 days to acknowledge status of forbearance.

We will use this information you provided to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact cdcb at (956)541-4955 or [jgarza@cdcb.org](mailto:jgarza@cdcb.org)

**I request a forbearance for 3 months based on the following reason(s):**

**Hardship (Answer Yes/No)**

- To comply with a recommendation or order by a public official or health care provider to quarantine due to exposure to or symptoms of coronavirus; or YES/NO
- To care for a family member who is in quarantine based on a recommendation or order due to exposure to or symptoms of coronavirus; or YES/NO
- To care for a child if the child's school or place of care has been closed, or the child-care provider is unavailable, due to coronavirus; or YES/NO
- Other COVID-19 related hardship not listed above (e.g. workplace closure; reduction in regular working hours; disability or illness of borrower or family member; disability; illness or death of primary or secondary wage earner; health care expenditures related to being ill with coronavirus or caring for a household member who is ill with coronavirus, etc.

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## Borrower Certification Agreement

1. I certify and acknowledge that all of the information in this Forbearance Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer communications.
3. I acknowledge and agree that my servicer 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 servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage 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), including Fannie Mae, Freddie Mac or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, 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 forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contact concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer or authorized third party\*

\*An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

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

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

**Please submit your completed application, together with the required documentation, to cdcB via mail: 901 E. Levee St. Brownsville, TX 78521, fax: (956)541-4990, or via email to: [jgarza@cdcB.org](mailto:jgarza@cdcB.org). We will contact you within five (5) business days to acknowledge receipt and let you know if you need to send additional information or documents.**

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