

# Fax Cover Sheet

Fax to: \_\_\_\_\_ From (your name) \_\_\_\_\_  
Fax number: \_\_\_\_\_ Your phone \_\_\_\_\_  
Home equality account number \_\_\_\_\_

Enclosed are the following documents about my finances, to assist you in your review of my account(s).  
I have check marked each item that I am sending a total of \_\_\_\_\_ pages, including this cover sheet.

**Please explain, in writing, your reason for delinquency**, on a separate sheet, with your name and account number

- Please be very specific in the events that have happened. This information will be used in the decision process. What specific hardship has caused an extra expense or a reduction in monthly income?
- Please be specific with dollar amounts.
- Approximately, when did this hardship occur? Please list beginning and ending dates.
- Is this an ongoing hardship? If so, what date do you expect your hardship to end, and why do you think it will end at this time?
- If you have been able to keep your account current during this hardship, how have you been able to make the payments until now?

**For each borrower who is a salaried employee:**

- Signed copies of the most recent filed U.S. individual Tax Returns (1040/1040A) and Schedules C,D,F,E
- Copy of all most recent W-2's
- Copy of the two most recent Pay Stubs reflecting year-to-date salary

**For each borrower who is a self-employed:**

- Copy of the most recent filed federal Business Tax Returns (1065/11205/1120) with K-1's and all Schedules
- Year-to-date monthly profit and loss statement\*
- Copy of the three most recent months business bank statement

\*If request for assistance is prior to April 1st, previous year-to-date monthly profit and loss statement is also required

**For each borrower who has income such as social security, disability or death benefits, pension, publish assistance, or unemployment:**

- Signed copies of the most recent files U.S. individual Tax Returns (1040/1040A) and Schedules C,D,F,E along with copy of all W-2's
- Copy of benefits statement or letter from the provider that states the amount frequency and duration of the benefit