

**Making Home Affordable Program
Request for Modification and Affidavit
Addendum**

Borrower Name(s): _____

Loan #: _____

Property Address: _____

Best Number to Call: (B) _____ (CB) _____

Best Time to Call: (B) _____ (CB) _____

E-mail Address: (B) _____ (CB) _____

Servicer: _____

If you have reported an amount in the 'Other' box on page 2 of the Request for Modification and Affidavit (RMA) under the Monthly Household Expenses/Debt column, please complete the table below to provide a breakdown of the expenses/debt provided in the 'Other' box. This itemization is necessary to ensure all appropriate expenses and debts are considered in our review of your HAMP Loan Modification request.

Itemization of 'other' Monthly Household Expenses/Debt	Monthly Amount
Food	\$
Utilities (electric, gas, telephone, cell phone, etc.)	\$
Transportation	\$
Cable/internet	\$
Medical bills/Co-pay	\$
Insurance premiums (life, auto, etc.)	\$
Any additional property maintenance costs	\$
All non-HOA property dues or maintenance fees	
Other: _____	\$
Other: _____	\$
Other: _____	\$
Total Other Expenses*	

* This total must match the amount in the 'Other' box on page 2 of the RMA under the Monthly Household Expenses/Debt column.

Signed:

Borrower Date Borrower Date

Borrower Date Borrower Date

Rev. 07212011

