

Loan number: _____

Loan Assistance Application

If you are having difficulties making your HELOC payment, please complete and submit this application, along with the required documentation, to Figure Lending LLC via email at myaccount@figure.com. 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 provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Figure Lending LLC at 888-527-1950.

Borrower Information

Borrower name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Is the borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? ☐ Yes ☐ No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

The property is currently: ☐ A primary residence ☐ A second home ☐ An investment property

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

I want to: ☐ Keep the property ☐ Sell the property ☐ Transfer ownership of the property to my servicer
☐ Undecided

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:

\$ _____

Hardship Information

The hardship causing payment challenges began on approximately _____ (date) and is believed to be:

- ☐ Short-term (up to 6 months)
- ☐ Long-term or permanent (greater than 6 months)
- ☐ Resolved (If hardship is resolved and no longer exists, please provide date of resolution) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> Written notification of termination/ layoff/ furlough from employer
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> Written explanation describing the hardship that has caused the reduction in income
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> Written explanation describing the increased expenses and documentation in support of the expenses
<input type="checkbox"/> Disaster (natural or man-made) impacting: <ul style="list-style-type: none"> <input type="checkbox"/> the secured property, or <input type="checkbox"/> borrower's place of employment located at: _____ <p>(Provide address including city, state, and zip code)</p> <input type="checkbox"/> Select this box if disaster-related Hardship is due to the January 2025 California Wildfire Disaster (Eaton Wildfire, Palisades Fire, or Straight-line Winds)	<ul style="list-style-type: none"> FEMA-Declared Natural Disaster: No documentation required; internal disaster verification will be performed. Other type of disaster (i.e. House Fire): Written explanation describing the disaster and how it has impacted financial circumstances.
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> Written statement from the borrower, or other documentation verifying disability or illness <p>Note: Detailed medical information is not required, and information from a medical provider is not required</p>

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<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final divorce decree or final separation agreement OR ▪ Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded quitclaim deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate OR ▪ Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active-duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above	<ul style="list-style-type: none"> ▪ Written explanation describing the details of the hardship and any relevant documentation

Repayment Assistance Options

Please select which repayment plan(s) you are applying for, based on your individual circumstances and the estimated length of your hardship:

☐ **Short-Term Repayment Plan:** Borrower is allowed to repay the total amount past due over a period not to exceed six (6) months, in addition to the regular monthly payment due, without any negative reporting to the credit bureaus. As a result, the borrower's monthly payment due will temporarily increase up to 1/6th of the total amount past due. After the past due amount has been paid in full, the monthly payment amount will return to its pre-plan amount.

- Borrower can be no more than 29 days past due at the time of loan assistance application
- Borrower's loan term will not be extended
- Figure will report the loan as "Current" to the credit bureaus for the duration of the repayment plan as long as the borrower is current on the repayment plan payments
- This option is best suited for borrowers whose hardships are now resolved (e.g., borrower fell delinquent but is now able to resume regular monthly payments), as opposed to those who are experiencing an ongoing hardship

➤ If selecting this option, please specify the number of months (up to 6) you want to repay the past due amounts: _____

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☐ **Hardship Forbearance:** Borrower is relieved from making regular monthly payments for the agreed period (up to three months at a time) without negative reporting to the credit bureaus.

- At the end of the Forbearance Period, the remaining amounts due will be re-amortized over the remaining loan term (spread out evenly across the remaining number of months left on the loan), which will likely result in an increased payment amount after the forbearance period has ended.
- Figure will report the loan as “Current” to the credit bureaus for the duration of the forbearance period.
- This option is best suited for those who are experiencing a hardship that is expected to last longer than 30 days

➤ If selecting this option, please specify the number of months you want to be included in the forbearance period:

- ☐ One (1) month
- ☐ Two (2) months
- ☐ Three (3) months

Written Explanation (If Applicable)

Borrower Certification and Agreement

I certify and acknowledge that all the information in this Loan Assistance Application is truthful, and the hardship I identified contributed to my need for payment relief. Knowingly submitting false information may violate Federal and other applicable law.

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 or authorized third party* communications.

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.

I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.

I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my loan(s), of any personal information collected during the loan 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) loan(s), any investor, insurer, guarantor, or servicer of my 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.

I agree that the terms of this borrower certification and agreement will apply to any forbearance plan or other form of loss mitigation 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.

I consent to being contacted concerning this application for loan 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: _____

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