

RESIDENTIAL MORTGAGE FORBEARANCE APPLICATION

(for COVID-19 related use only)

For those who are experiencing financial hardship caused by the outbreak of COVID-19, please complete this application and mail it to 330 5th Avenue 3rd Floor, New York, NY 10001, Attn: Home Mortgage Department. You can also either scan the completed application and email it to HM@wooriamericabank.com or contact your account officer at branch for further assistance. Our branch locations and phone numbers are listed on our website at www.wooriamericabank.com

Loan Account Number:			
Payment Relief Request for: <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months			
Repayment Method of Deferred Payments: <input type="checkbox"/> One Lump Sum Payment at the end of Forbearance Period <input type="checkbox"/> Capitalization (Adding accrued interest on Principal and Re-amortize)			
BORROWER		CO-BORROWER	
Name:		Name:	
SSN:		SSN:	
DOB:		DOB:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
PROPERTY INFORMATION			
Property Address:			
Has the property been listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If listed for sale, do you have an offer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of offer: / /		Amount of offer: \$	
are real estate taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is hazard and/or flood insurance(s) in effect currently? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FINANCIAL INFORMATION (combined, in joint)			
ASSETS		LIABILITIES	
Cash or equivalent	\$	Mortgage/Note Payable	\$
Real Estate(s)	\$	Credit Card	\$
Stock (listed)	\$	Auto Finance	\$
Life Insurance (cash value)	\$	Other	\$
Name of Primary Banking		:	
Minimum Monthly Credit Card Payment		\$	
Monthly Auto Finance/Lease Payment		\$	
Other Monthly Debt Payment		\$	

FINANCIAL HARDSHIP AFFIDAVIT

My (our) financial hardship caused by COVID-19 began on or about / / (Date)

House income has been reduced due to

- Unemployment Reduced Pay or Hours Decline in Business Revenue Other (explain below)

For unemployment, have you filed a claim for unemployment benefits?

Date of 1st Payment: / / Amount of Payment: \$

Unable to work to take care of COVID-19 Positive Household Member

Death of borrower or co-borrower due to infection of COVID-19

Additional Information, if any

I (we) hereby certify, acknowledge, agree and understand that

1. All the information provided in this application is true to the best of my (our) knowledge.
2. Knowingly submitting false information is unlawful and Woori America Bank (the “Bank”) may cancel this Forbearance.
3. If I (we) have intentionally defaulted on my (our) existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this application, the Bank may pursue foreclosure on my (our) home.
4. The Bank may investigate the accuracy of my statements and may require me to provide supporting documentation. As such, I am willing to provide all requested documents and to respond to all Bank questions in a timely manner.
5. The Bank may pull new credit report(s) on all borrower(s) obligated on the Note.
6. The Bank will use the information in this application to evaluate my (our) eligibility of Forbearance.

Borrower Signature:

Date:

Co-borrower Signature:

Date: