

Making Home Affordable Program



Non-Owner Occupant Certification

You are the occupant of a property that is being sold or transferred in conjunction with the U.S. Department of the Treasury's Home Affordable Foreclosure Alternative (HAFA) Program. Because you will be required to vacate the property as a condition of the sale or transfer, you may be eligible to receive \$10,000 in relocation assistance. If you wish to be considered for this assistance, you must complete and sign this form and return it to the owner of the property (Owner).

OCCUPANT INFORMATION

OCCUPANT'S NAME

CO-OCCUPANT'S NAME

PROPERTY ADDRESS (include city, state and zip)

I certify that I currently occupy the property described above (the Property) as a principal residence and, to the best of my knowledge, I am required to vacate the Property as a condition of the pending sale or transfer.

DODD-FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program (MHA), authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I certify that I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I understand that the servicer of the mortgage loan secured by the Property (the Servicer), the U.S. Department of the Treasury (Treasury), or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I have not been convicted of such crimes. I also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this form is received by the Servicer.

ACKNOWLEDGEMENT AND AGREEMENT

1. I authorize and give permission to the Servicer, Treasury, and their respective agents, to assemble and use a current consumer report to investigate my eligibility for HAFA relocation assistance, the accuracy of my statements and any documentation that I may provide in connection with requesting HAFA relocation assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point to assess my eligibility.
2. I understand that if I have engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for relocation assistance under HAFA, the Servicer, Treasury, or their respective agents may seek remedies available at law and in equity, such as recouping any assistance I previously received.
3. I understand that the Servicer will collect and record personal information that I submit, including, but not limited to, my name, address, social security number and date of birth. I understand and consent to the Servicer's disclosure of my personal information and the terms of any assistance I may receive under MHA to Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services the mortgage loan(s) secured by the Property, and to any HUD-certified housing counselor assisting Owner.
4. I understand that the Owner may, but is not required to, request relocation assistance on my behalf. I authorize the Owner to submit this Certification to the Servicer in connection with any such request, along with any other documentation that the Servicer may require, and I authorize the Servicer to disclose to the Owner the results of any inquiry completed in conjunction with said Certifications and documentation.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

▶				
	Occupant Signature	Social Security Number	Date of Birth	Date
▶				
	Co-Occupant Signature	Social Security Number	Date of Birth	Date

NOTICE TO OCCUPANTS

Be advised that by signing this document you understand that any documents and information you submit in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in the Property, will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for relocation assistance under HAFA, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov and provide them with your name, the Owner's name, the property address and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

