



IOWA
MORTGAGE
HELP.COM
877.622.4866

Iowa Mortgage Help –Letter of Hardship

Borrower Name _____
 Co-Borrower Name _____
 Property Address _____
 City, State, Zip _____

First Mortgage

Second Mortgage

_____	_____	_____	_____
Lender Name	Loan Number	Lender Name	Loan Number

I am (we are) requesting that Lender Mortgage Servicer Mortgage Investor/Insurer review my financial situation to see if I qualify for any workout option. I am having problems making my monthly payment because of financial difficulties created by:

- | | | |
|-------------------|--------------------|------------------|
| Unemployment | Reduced Income | Divorce |
| Separation | Medical Bills | Too Much Debt |
| Death of a Spouse | Payment increase | Business failure |
| Job Relocation | Illness | Incarceration |
| Military Service | Damage to Property | Other |

If Other, please explain:

I believe that my situation is Temporary Permanent

Sincerely,

 Borrower's Signature

 Date

 Co-Borrower's Signature

 Date

