FAX COVER LETTER

RECIPIENT

RECIPIENT: MARK A WOOD

RECIPIENT'S COMPANY:

RECIPIENT'S FAX: 8888269787

COMMENT: ATTENTION: MELISSA, ANNIE

SENDER

SENDER: Martin J. Wiggins

SENDER'S VOICE TELEPHONE NO: 1-800-531-0832

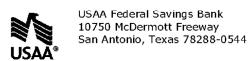
SENDER'S FAX NUMBER: 8005315717

IF YOU DO NOT RECEIVE FULL TRANSMISSION, CALL SENDER

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Thank you.



USAA

MARK A WOOD 56 WILLOWBEND DR MURRELLS INLET, SC 29576-9277

April 16, 2014

Fax Server

Action Needed: Complete Member Assistance Application Form

Dear Mark Wood,

Thank you for banking with USAA. We're sorry to learn of your financial difficulties and would like to help you find solutions for recovery. To start, we've enclosed a Member Assistance Application for your home equity loan account ending in 7904.

Complete and return application

Please complete and return the application as soon as possible, and make sure to include:

- Information about all borrowers,
- · Supporting income documentation, and
- Short Sale documents, if applicable.

Don't forget to date the form and to include signatures from all borrowers.

You may fax your completed documents to us at 1-800-531-5717, ATTN: MAPHE or mail them in the postage-paid envelope to:

USAA Federal Savings Bank Attn: MAPHE 10750 McDermott Freeway San Antonio, TX 78288-0544

After we receive your information, we'll review it and contact you within five business days.

Remember, your loan account will keep the same terms and payment until we receive all documentation and while we make our determination. Terms and payment will be adjusted only if an approval is given.

If you have questions, please call your member assistance team at 1-800-531-8894, ext. 7-8033, Monday through Thursday from 8 a.m. to 5:30 p.m., and Friday 8 a.m. to 4 p.m. CT.

How to submit a Request for Information or Notice of Error

Federal regulations require that we provide instructions for requesting information or reporting possible servicing errors for home equity loans. To request information about your account or notify us of a possible servicing error, you must mail your written request or notification to:

4 SOUAL HOU



ATTN: HEWRITNOT USAA Federal Savings Bank P.O. Box 659817 San Antonio, TX 78265-9117

Sincerely,

Martin J. Wiggins

Executive Director, Member Debt Solutions

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USAA Federal Savings Bank

EQUAL HOUSING LENDER





USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, Texas 78288-0544

Member Assistance Application (Home Equity)

	Date
Member Number	Loan Number
Primary Borrower Name	
Co-Borrower Name	
required documentation to be considered and your intentions to either keep or trans	ed help, you must complete and submit this form along with the other for hardship assistance. You must disclose information about (1) you ition out of the home; (2) the property's status; (3) real estate taxes; (4) nkruptcy; (6) your credit counseling agency; and (7) other liens, if any,
documentation in support of your request	your income, expenses and assets. You must also submit the required for assistance. The Required Income Documentation section on page 5 mit. You must complete the Hardship Affidavit in which you disclose the
representations and agreements, include	d date this form, you will make important certifications, ding certifying that all the information in the Member Assistance age is accurate and truthful and any identified hardship has p relief.
I want to:	The property is currently:
☐ Keep the Property	☐ My Primary Residence
☐ Sell the Property	☐ A Second Home
☐ Vacate the Property	☐ Investment Property
☐ Undecided	The property is currently:
	☐ Owner Occupied
	☐ Renter Occupied
	□ Vacant



BORROWER(S) INFORMATION

Borrower Name		Co-Borrower Name	
Member Number	Active Military ☐ Yes ☐ No	Member Number	Active Military □ Yes □ No
Home Phone Number with Ar	ea Code	Home Phone Number with Are	ea Code
Cell Number with Area Code		Cell Number with Area Code	
Mailing Address (City, State, 2	Zip)	Mailing Address (City, State, Z	Zip)
Employer Name		Employer Name	
Position		Position	
How Long		How Long	
Email Address		Email Address	
O dit O di &			
Credit-Counseling Agency Complete the following if either	er borrower has contacted a cre	dit-counseling agency for help.	
Borrower		Co-Borrower	
Agonov Nomo		☐ Same as Borrower	
Agency Name		Agency Name	
Counselor's Name		Counselor's Name	
Agency or Counselor's Phone	Number	Agency or Counselor's Phone	Number
Agency or Counselor's Email	Address	Agency or Counselor's Email Address	
	er borrower has filed Bankruptcy		
Borrower		Co-Borrower □ Same as Borrower	
Chapter Filed ☐ 7 ☐ 13 Other:	<u> </u>	Chapter Filed ☐ 7 ☐ 13 Other:	
Filing Date		Filing Date	
Case Number		Case Number	
Has bankruptcy been discharged? □ Yes □ No		Has bankruptcy been discharged? ☐ Yes ☐ No	

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PROPERTY INFORMATION

Property Address:			
Does the property have a Condominium or H	omeowner's Ass	sociation (HOA) Fee?	□Yes □No
If Yes, Amount Due \$	Annually	\$	
Name and Address Fees are Paid to:			
Are Fees Current? ☐ Yes ☐ No			
If No, what amount is past due? \$			
LIEN INFORMATION Enter all liens held on the property (primary, j	iunior, mechanic	es. tax. etc.)	
Lien Holder's Name Balance: \$,	Lien Type: Loan Number:	
Loan is: □ Current	□ Delinquen		☐ In Foreclosure
Lien Holder's Name Balance: \$		Lien Type:	
Loan is: □ Current	□ Delinquen		☐ In Foreclosure
Lien Holder's Name Balance: \$		Lien Type:	
Loan is: □ Current	□ Delinquen	t	☐ In Foreclosure
Property Listing Complete the following if the property is for s	ale.		
Date Listed:			
Selling Agent's Name		Selling Agent'	s Phone Number
Offer Received? ☐ Yes ☐ No			
If Yes, what is: Date of Offer	Of	fer Amount:	
Buyer's Agent Name:	Buyer's Agent Phone Number:		
For Sale by Owner? ☐ Yes ☐ No			
Please provide the following: ☐ Signed and valid Listing Agreement to Estimated HUD-1 Settlement Statem ☐ Signed and valid Sales Contract (if a	ent from title cor		ney (if available)

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FINANCIAL DATA Combine borrower and co-borrower (if applicable)

Monthly Household Income	
Monthly Gross Wages	\$
Overtime	\$
Child Support/Alimony*	\$
Non Taxable Social Security (SSDI)	\$
Taxable Social Security benefits or other monthly income from annuities or retirement plans	\$
Tips, commissions, bonus and self-employed income	\$
Other	\$
Total Gross Income	\$

*NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

Assets (associated with property and/or borrower(s), excluding retirement funds)		
Other Real Estate Owned	\$	
Checking Accounts	\$	
Savings/Money Market Accounts	\$	
Stocks/Bonds, CDs	\$	
Rental Property Value	\$	
Automobiles/Boats	\$	
Other Investment Values	\$	

Monthly Household Expenses	
First Mortgage Payment	\$
Second Mortgage Payment	\$
Homeowner's Insurance	\$
Property Taxes	\$
Credit Cards	\$
Installment Loans	\$
Alimony, Child Support Payments	\$
Car Lease or Loan Payments	\$
HOA/Condo Fees/Property Maintenance	\$
Mortgage Payments on Other Properties	\$
Other	\$
Total Household Expenses and Debt Payments	\$

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REQUIRED INCOME DOCUMENTATION

Do you earn a wage?	☐ Are you self employed?		
For each borrower who is a salaried	For each borrower who receives self employment		
employee or hourly wage earner, include	income, include a completed,		
the most recent pay stubs that reflect the	signed individual income tax return for the		
last 30 days earnings.	last two years and, as applicable, the		
	business tax returns for the last two years;		
	AND		
	Statements for the business account for		
	the last two months showing continuation		
De sees besse additional accuracy of income? Drawide for a	of the business activity.		
Do you have additional sources of income? Provide for each			
Other earned income, such as bonus, commissions, housing	allowance, tips or overtime:		
☐ Reliable third party documentation describing the	ne amount and nature of the income (e.g.,		
employment contract or printouts documenting			
Social Security, disability or death benefits, pension, public a	ssistance, or adoption assistance:		
□ Documentation showing the amount AND frequency	uency of the benefits, such as letters,		
exhibits, disability policy or benefits statement f			
 Documentation showing the receipt of payment 	, such as copies of the two most recent		
bank statements showing deposit amounts.			
Rental Income:			
	eturns with all schedules, including		
Schedule- E Supplemental Income and Loss, C	□ Copy of the two most recently filed federal tax returns with all schedules, including		
☐ If rental income is not reported on the Schedule			
a copy of the current lease agreement with eith			
checks demonstrating receipt of rent.			
Investment Income:			
☐ Copies of the two most recent investment state	ments OR bank statements supporting		
receipt of this income	11 0		
Alimany, Obilel Owners, and an arrival manifest arrival and an arrival and arrival arrival and arrival arrival and arrival			
Alimony, Child Support, or separation maintenance payments as qualified income*: Copy of divorce decree, separation agreement, OR other written agreement filed with a			
court, or court decree that states the amount of			
maintenance payments, AND the period of time			
AND	7 over Willow the payments will be received,		
☐ Copies of your two most recent bank statement	s OR other third party documents, showing		
the receipt of the payment.			
*NOTICE: Alimony, child support, or separate maintenan	ce income need not be revealed if you do not choose to		
have it considered for repaying the loan.			

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HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for hardship assistance.			
Date Hardship Began:			
I believe my situation is: Short Term (under 4 months) Long-Term (greater than 4 months) Permanent			
I am having difficulty making my monthly payments because of the reason(s) set forth below:			
(Please check all that apply.)			
□ Death of a Borrower or Death of Either the Primary or Secondary Wage Earner in the Household			
☐ Disaster (natural or man-made) adversely impacting the property or borrower's place of employment			
□ Distant Employment Transfer (minimum of 50 miles or greater)			
☐ Divorce or Legal Separation, Separation of Borrowers unrelated by marriage, civil union, or similar domestic			
partnership under applicable law			
□ Fraud/Identity Theft victim			
☐ Income Reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay including household income reduction)			
☐ Increase in Housing Expenses; a hardship that has caused an increase in your housing expenses due to			
circumstances outside of your control			
□ Inherited Home			
□ Long Term or Permanent Disability; serious illness of a borrower/co-borrower or dependent family member			
□ Medical Debt			
□ Military Deployment			
□ Permanent Change of Station order (PCS)			
□ Recently Returned to Work			
□ Unemployment			
☐ Other (provide a written explanation on separate page, describing the specific nature of your hardship.)			

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Borrower/Co-Borrower **Acknowledgement and Agreement**

I certify, acknowledge, and agree to the following:

- All of the information in this Member Assistance Application is truthful and the hardship(s) identified above contributed to this request for hardship assistance.
- USAA, as well as the owner or guarantor of my Home Equity Loan (herein "Investor"), and their agent(s) or affiliates, may investigate the accuracy of my statements and may obtain a current credit report on all borrowers obligated on the Note.
- USAA and/or the Investor may require me to provide additional supporting documentation, which I will timely provide as time is of the essence.
- Knowingly submitting false information may violate Federal or other applicable law.
- USAA may verify my past and present employment earnings record, bank accounts and other income or assets necessary to process my hardship application.
- USAA and/or the Investor will use this information to evaluate my eligibility for available assistance and foreclosure alternatives, but USAA and/or the Investor will not be obligated to offer me assistance based solely on my representations in this document or other information submitted in connection with mv request.
- 7. If I intentionally defaulted on my existing Home Equity Loan, engaged in fraud, misrepresented any fact(s) in connection with this request for assistance relief, or if I do not timely provide all required documentation. USAA and/or the Investor may cancel any assistance granted and may pursue any available legal remedies, including foreclosure on my home.
- 8. If I am eligible for hardship assistance and I accept and agree to all the terms of such plan, I also agree that the terms of this Acknowledgement and Agreement are incorporated into such plan by reference as if set forth therein in full.
- 9. USAA's acceptance of any payments under any hardship assistance plan will be without prejudice to. and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
- 10. USAA will collect all personal information that I submit in Membership Assistance Application and hardship request package, and during the evaluation process, including but not limited to, my name, address, telephone number, social security number, income, payment history, and information about my accounts balances and activity. I understand and consent to USAA's disclosure of my personal information and the terms of any hardship assistance that I receive to any investor, insurer, grantor, or service that insures, guarantees, or owns or services my first lien or subordinate lien (if applicable), mortgage loan(s), or to a HUD certified housing counselor.
- 11. I may be contacted concerning this request for hardship assistance at any cellular or mobile telephone I have provided in this documentation, including by text message and telephone calls to my cellular or mobile telephone
- 12. USAA or its representatives may access the property for an inside and/or external inspection or valuation, as necessary.

Borrower Signature	Date
Co-Borrower Signature	Date

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