

State Home Mortgage Special Forbearance COVID-19 Response

State Home Mortgage (SHM) is committed to helping our homeowners during this national crisis.

If you're experiencing financial difficulty as a result of COVID-19, we have a solution for you. You could qualify for a Short-Term Forbearance which is a plan that provides temporary relief by allowing you to pay reduced, or suspended payments for a brief time, depending on your individual situation, along with protection from late fees and negative credit reporting. Toward the end of your forbearance period or when you return to work, we will reevaluate your situation to determine the best program to repay those missed payments.

Who Should Apply For Assistance?

If you can afford to make your mortgage payment, please do so. The initial period of any offered forbearance is 3 months. Once that timeframe is up, we work to reevaluate your situation and determine the next step, which can be a continuance of your forbearance. By waiting until you need the mortgage assistance help, you give yourself the most time when you need it. The assistance being offered around this COVID-19 situation is available for those who have lost work, are ill or can't work due to caring for a sick family member.

- If you have been impacted by COVID-19 and having difficulty with your mortgage payment:
 - Please email SHMCovid19help@dca.ga.gov to request a COVID-19 Mortgage Assistance application, or
 - Please contact our office at 1-800-781-8346
 - Select option #3 to speak to a Loan Servicing Representative
 - Select option #1 to speak with a Default Representative
 - We anticipate high call volume during this period. If your call is not answered, PLEASE leave a voicemail message. Someone on our staff will return your call within 48 business hours.

SHM must receive the COVID-19 Mortgage Assistance application to process your request for a COVID-19 Special Forbearance plan. Please return the 2-page application to SHMCovid19help@dca.ga.gov immediately. If you require this form to be in a different language, please submit a request to our fair housing email account (fairhousing@dca.ga.gov).

SHM must follow the guidelines set forth by the investor or insurer/guarantor of your loan (FHA, USDA, VA, etc.). These guidelines allow SHM to offer loan modifications, repayment plans, and forbearances but do not allow SHM to defer payments. SHM, as a loan servicer of federally insured mortgages, applauds the passage of the federal CARES Act to provide relief for our borrowers.

COVID-19 mortgage assistance application



Use this form to apply for a COVID-19 mortgage assistance. Enter your information clearly using blue or black ink.

1. Property information

Property address	City	State	ZIP
Mailing address <i>(If different than property address)</i>	City	State	ZIP
Loan number			

2. Borrower information

Borrower first name	M.I.	Last name
Phone*	Email	
Co-Borrower first name	M.I.	Last name
Phone*	Email	

* By providing your phone number(s), you agree that State Home Mortgage may call you at those number(s), You also agree that you will notify State Home Mortgage promptly if your telephone(s) or other contact information changes.

* For regulatory and legal purposes, State Home Mortgage is required to disclose that it may be a debt collector. This may be an attempt to collect a debt and any information obtained will be used for that purpose. In the event that you have filed for bankruptcy protection and are covered by an automatic stay, discharge or other bankruptcy protection, this communication is not an attempt to collect a debt from you personally and is for informational purposes only.

3. Impacts of COVID-19

Events that contribute to my/our difficulty making payments <i>(Check all that apply)</i>	Client	Co-client
My income has been lost. For example: Unemployment as a direct impact of COVID-19.		
My income has been reduced. For example: Underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings as a direct impact of COVID-19.		
My household financial circumstances have changed. For example: Death in family, serious or chronic illness as a direct impact of COVID-19. I have provided details below under "Explanation."		
My expenses have increased. For example: High medical and health-care costs as a direct impact of COVID-19. I have provided details below under "Explanation."		
There are other reasons I/we cannot make our mortgage payments specific to COVID-19. I have provided details below under "Explanation."		
Explanation		

4. Signature(s)

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/ have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge State Home Mortgage may investigate the accuracy of my/our statements, may require me/ us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand that State Home Mortgage will use this information to evaluate my/our eligibility for a forbearance directly related to COVID-19, but State Home Mortgage is not obligated to offer me/us assistance based solely on the representations in this affidavit.
4. I/we understand if the forbearance is processed, and the loan is set up on auto-draft with State Home Mortgage the auto-draft will be stopped. I/we will need to re-activate auto-draft once ready to resume payments. If I/we use a third-party bill pay provider, I/we will need to contact them directly to stop any payments during the forbearance period and resume payments on my/our own.



Borrower signature

Date

Co-Borrower signature

Date

5. Submit *(Select only one)*

Fax: 770-302-9652

Email: SHMCovid19help@dca.ga.gov

Mail: State Home Mortgage, Attn: COVID-19

60 Executive Park South, NE, Atlanta, GA 30329

