

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re:

Case No.
Chapter

Debtor(s).

**LOSS MITIGATION AFFIDAVIT OF DEBTOR(S)
AND CERTIFICATE OF SERVICE**

STATE OF " ") ss.:
COUNTY OF " ")

I, _____, being sworn, say: I am not a party to this action, am over 18 years of age, and reside in _____.

Instructions:

- (1) Complete, as is appropriate, either Part A: Request for Documents/Information by Debtor(s) or Part B: Debtor(s)' Response to Request for Documents/Information.
- (2) Complete Part C: Loss Mitigation Contact Information, unless the information was provided in the [Loss Mitigation Request by Debtor\(s\) and Certificate of Service](#).
- (3) Complete Part D: Certificate of Service.

On behalf of Debtor(s):

Part A: Request for Documents/Information by Debtor(s)

On _____, 20____, I served a true and accurate copy of the Debtor(s)' Request for the following documents/information:

- A copy of Debtor(s)' payment history;
- Other (please specify): _____

_____.

Part B: Debtor(s)' Response to Request for Documents/Information

On _____, 20____, I served a true and accurate copy of the Debtor(s)' Response to Creditor's Request for documents/information, including the following:

- A copy of the Debtor(s)' two (2) most recent federal income tax returns;
- A copy of the Debtor(s)' last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s);

Or, if the Debtor(s) is/are self-employed:

A copy of the Debtor(s)' Profit and Loss Statements, setting forth a breakdown of the monthly income and expenses for the Debtor(s)' business (es), for the two (2) most recent months of _____ and _____;

- A completed copy of the Creditor's Financial Worksheet;
- Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs;
- Other (please specify): _____

Part C: Loss Mitigation Contact Information

The Loss Mitigation contact information for the Attorney for the Debtor(s) is as follows:

Name: _____

Title: _____

Firm: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Facsimile No.: _____

Email Address: _____.

Part D: Certificate of Service

On _____, 20____, I served a true and accurate copy of the above
Loss Mitigation Affidavit by Debtor(s)—

—by notice of electronic filing (NEF) via the CM/ECF system upon the following
parties at the email addresses listed below:

—by first class mail upon the following parties at the addresses listed below:

—by certified mail upon the following parties at the addresses listed below:

Dated: _____, 20____
_____, New York

Name

Sworn to before me this

_____ day of _____, 20____

Notary Public, State of New York