

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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In re:

Chapter

Case No. - ( )

Debtor(s).

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**CREDITOR LOSS MITIGATION AFFIDAVIT**

I, \_\_\_\_\_, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in\_\_\_\_\_.

On \_\_\_\_\_, I served a true copy of the financial packet and this “*Creditor Loss Mitigation Affidavit*”<sup>1</sup> upon the following parties via (first class mail, facsimile or email) at the following addresses [*insert addresses*]:

Pursuant to that request, the Debtor<sup>2</sup> must provide the following documents:

- 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;

Or, if Debtor is self-employed:

- A copy of the Debtor’s business= two (2) most recent months’ profit and loss statements, setting forth a breakdown of the monthly business income and expenses [*for the months of*];
- A copy of the mortgagee’s completed 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):  
\_\_\_\_\_

<sup>1</sup> Italicized words in quotations indicate that there is a form by the same name on the Bankruptcy Court’s website. These forms shall be used whenever applicable.

<sup>2</sup> Unless otherwise provided herein, all capitalized terms are defined in the Southern District of New York’s Loss Mitigation Program Procedures. The Loss Mitigation Program Procedures’ definition of “Debtor” includes joint debtors.

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please be advised that the Creditor designates the following person to be its attorney for Loss Mitigation on this Loan.

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dated: \_\_\_\_\_, New York  
\_\_\_\_\_, 20

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