

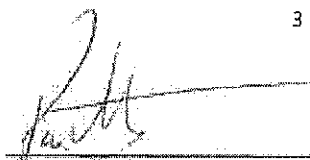
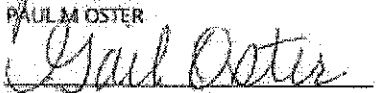
**Trial Period Plan Agreement**



I/We confirm by signing below that I/we have read this letter in its entirety. I/We acknowledge that I/we have been approved for **FHA Home Affordable Modification** and agree to make the trial period plan payments stipulated, by the due dates indicated. I/We agree to abide by all other terms and conditions set forth in this letter as well as the attached, "Additional Trial Period Plan Information and Legal Notices".

**Trial Period Plan**

<b>Trial Period Payment Number</b>	<b>Trial Period Payment</b>	<b>Due Date On or Before</b>
1	\$1,652.08	08/01/2019
2	\$1,652.08	09/01/2019
3	\$1,652.08	10/01/2019



  
\_\_\_\_\_  
PAUL M OSTER  
  
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GAIL OSTER

  
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Date  
  
\_\_\_\_\_  
Date

