

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

Trial Period Payment Number	Trial Period Payment	Due Date On or Before
1	\$2,260.68	03/01/2020
2	\$2,260.68	04/01/2020
3	\$2,260.68	05/01/2020



[Handwritten Signature]

LUCAS D

01/24/2020
Date

Lender

Date

Specialized Housing Counselors