

Financial Information

Loan Number: _____



| Borrowers: List all persons whose names appear on your mortgage or note | | | | |
|---|------------------------|--|-------------------|---|
| Name | Mailing Address | Social Security # | Telephone # | |
| 1. | | - - | Day | |
| | | | Evening | |
| 2. | | - - | Day | |
| | | | Evening | |
| Do you collect rent for any part of this house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much rent per month do you collect? _____ | | | Property Address | |
| Person(s) whose income(s) will be used to meet family obligations | | | | |
| Name | | | | Income (note weekly, bi-weekly, or monthly) |
| | | | | Gross |
| | | | | Net |
| Present Employer(s)/ Type of Work | Address of Employer(s) | Telephone #(s) | Date Employed | |
| 1. | | | | |
| 2. | | | | |
| Previous Employer | Address of Employer | Telephone # | Date From/To / | |
| | | | | |
| Name | | | | Income (note weekly, bi-weekly, or monthly) |
| | | | | Gross |
| | | | | Net |
| Present Employer(s)/ Type of Work | Address of Employer(s) | Telephone #(s) | Date Employed | |
| 1. | | | | |
| 2. | | | | |
| Previous Employer | Address of Employer | Telephone # | Date From/To / | |
| | | | | |
| List all other income which is available to meet mortgage payments and other expenses. Identify sources of income (i.e. VA benefits, rent, social security, disability, alimony, welfare, child support, other benefits...etc.) | | | | |
| Person Receiving Income | Type of Income | Name and Address of Source of Income | Monthly Income | |
| | | | | |
| | | | | |
| Name, relationship and age(s) of dependents living with you | | Name and relationship of other persons you support (former spouse, children...etc.) | | |
| Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you interested in selling the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, what is the list price? \$ _____ | | How long listed at this price? _____ | | |
| Original list price and date _____ | | Price reduction(s) and date(s) _____ | | |
| How long has the property been listed? _____ | | What is the Realtor's Name & #? _____ | | |
| Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Mortgage Holder _____ | | | | |
| Address & Phone # _____ | | | | |
| Principal Balance of 2nd _____ Payment Amount \$ _____ Due Date of 2nd _____ | | | | |
| Are there other liens or judgments against the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Mortgage Holder _____ | | | | |
| If yes, who holds the lien? _____ | | What is the amount of the lien? _____ | | |
| Are you living at the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Financial Information (continued)

Loan Number: _____



Do you expect future income (i.e. Insurance, disability claims, lawsuits, alimony, child support, rent...etc.)?

| Person(s) to receive added income | When? | From what source? | Lump sum | Monthly Amount (\$) |
|-----------------------------------|-------|-------------------|----------|---------------------|
| | | | | |

Assets

How much money do you have in the following:

| Savings Account | Cash or Money Orders | Checking Account | Savings Bonds | Life Insurance (Cash Value) |
|-----------------|----------------------|------------------|---------------|-----------------------------|
| | | | | |

List any real estate you own, besides your home

| Description of Property | Purchase Price | Monthly Payments | Monthly Income |
|-------------------------|----------------|------------------|----------------|
| | | | |

Describe any emergency repairs necessary on your home (i.e. heat, plumbing, electrical, roof...etc.)

List the amount of each special deduction taken from your gross:

| Federal Income Tax | State/Local Income Tax | FICA and Retirement | Health Insurance |
|--------------------|------------------------|-------------------------------------|------------------|
| | | | |
| Life Insurance | Union Dues | Savings (bank, credit union...etc.) | Other (specify) |

List below the amount you spend monthly for the following:

| Electricity/gas/oil | Water, Sewage | Home Maintenance | Telephone | Food (include food stamps) |
|---------------------|-----------------|-------------------------|----------------|----------------------------|
| | | | | |
| Clothing | Other Household | Transportation Expenses | Auto Insurance | Medical/Dental |
| Life Insurance | Tuition & Books | Alimony & Child Support | Child Care | Other (specify) |

List all your debts below. Include medical bills, charge accounts, payments due on cars and appliances, second mortgages and liens against your property.

| To Whom Owed | Account Number | Date Opened | For What Purpose | Present Balance | Monthly Payment | Date of 1st Payment | # of Payments Past Due |
|--------------|----------------|-------------|------------------|-----------------|-----------------|---------------------|------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Explain, in your own words, why you got behind in your mortgage payments. How do you plan to catch up on your payment?

Certification

I, (We,) certify the information I (we) have given is true and complete to the best of my (our) knowledge and belief.

Signature _____

Date _____

Signature _____

Date _____