

Borrower Financial Information

| BORROWER | | CO-BORROWER | |
|---|---|---|--|
| BORROWER'S NAME | | CO-BORROWER'S NAME | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| HOME PHONE NUMBER WITH AREA CODE <small>(Best Number to reach borrower)</small> | | HOME PHONE NUMBER WITH AREA CODE <small>(Best Number to reach borrower)</small> | |
| WORK PHONE NUMBER WITH AREA CODE <small>(BEST TIME TO CALL)</small> | | WORK PHONE NUMBER WITH AREA CODE <small>(BEST TIME TO CALL)</small> | |
| CELL PHONE NUMBER WITH AREA CODE <small>(BEST TIME TO CALL)</small> | | CELL PHONE NUMBER WITH AREA CODE <small>(BEST TIME TO CALL)</small> | |
| MAILING ADDRESS (If different from property address) | | | |
| PROPERTY ADDRESS | | EMAIL ADDRESS | |
| Number of Dependants: | Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is it a Rental? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a lease agreement, please provide a copy. | Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is this a mobile home? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the listing agreement. | | Agent's Name: Agent's Phone Number: | |
| Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the listing agreement. | | Counselor's Name: Counselor's Phone Number: | |
| Do you pay Real Estate Taxes outside of your mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/> If you pay it, please provide a copy of your tax statement. | | | |
| Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Filing Date: | | | |
| Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge paper. | | | |
| INVOLUNTARY INABILITY TO PAY | | | |
| I (We), _____, am/are requesting that the Federal Home Loan Mortgage Corporation (Freddie Mac) review my/our financial situation to determine if I/we qualify for a workout option. | | | |
| I am having difficulty making my monthly payment because of financial difficulties created by <i>(Please check all that apply)</i> : | | | |
| <input type="checkbox"/> Abandonment of Property | <input type="checkbox"/> Excessive Obligations | <input type="checkbox"/> Military Service | Other |
| <input type="checkbox"/> Business Failure | <input type="checkbox"/> Fraud | <input type="checkbox"/> Payment Adjustment | |
| <input type="checkbox"/> Casualty Loss | <input type="checkbox"/> Illness in Family | <input type="checkbox"/> Payment Dispute | |
| <input type="checkbox"/> Curtailment of Income | <input type="checkbox"/> Illness of Mortgagor | <input type="checkbox"/> Property Problems | |
| <input type="checkbox"/> Death in Family | <input type="checkbox"/> Inability to Rent Property | <input type="checkbox"/> Title Problems | |
| <input type="checkbox"/> Death of Mortgagor | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Transferring Property | |
| <input type="checkbox"/> Distant Employment Transfer | <input type="checkbox"/> Marital Difficulties | <input type="checkbox"/> Unemployment | |
| I believe that my situation is: <input type="checkbox"/> Short term (under 6 months) <input type="checkbox"/> Long term (over 6 months) <input type="checkbox"/> Permanent | | | |
| I want to: <input type="checkbox"/> Keep my house <input type="checkbox"/> Sell my house | | | |
| Please provide a detailed explanation of the hardship on a separate sheet of paper. | | | |
| If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their respective telephone numbers. | | | |
| Lien Holder's Name | | Balance / Interest Rate | Phone Number (WITH AREA CODE) |
| | | \$ | |
| Lien Holder's Name | | Balance / Interest Rate | Phone Number (WITH AREA CODE) |
| | | \$ | |
| Borrower's Signature _____ | | Date _____ | Co-Borrower's Signature _____ |
| | | | Date _____ |

EMPLOYMENT (see paystubs, if attached)

| | | | | | |
|--|----|-----------|---|----|------------------------|
| BORROWER- EMPLOYER'S ADDRESS & PHONE # | | HOW LONG? | CO-BORROWER- EMPLOYER'S ADDRESS & PHONE # | | HOW LONG? |
| Monthly Income - Borrower | | | Monthly Income - Co-Borrower | | |
| Wages | \$ | | Wages | \$ | |
| Unemployment Income | \$ | | Unemployment Income | \$ | |
| Child Support / Alimony | \$ | | Child Support / Alimony | \$ | |
| Disability Income | \$ | | Disability Income | \$ | |
| Rents Received | \$ | | Rents Received | \$ | |
| Other | \$ | | Other | \$ | |
| Less: Federal and State Tax, FICA | \$ | | Less: Federal and State Tax, FICA | \$ | |
| Less: Other Deductions (401K, etc.) | \$ | | Less: Other Deductions (401K, etc.) | \$ | |
| Commissions, bonus and self-employed income | \$ | | Commissions, bonus and self-employed income | \$ | |
| * * * * * ALL INCOME NEEDS TO BE DOCUMENTED * * * * * | | | | | |
| Paystub must be most recent date with year to date information. | | | | | |
| Total (Net income) | | \$ | Total (Net income) | | \$ |
| Monthly Expenses | | | Assets | | |
| Other Mortgages / Liens | \$ | | Type | | Estimated Value |
| Auto Loan(s) | \$ | | Checking Account(s) | | \$ |
| Auto Expenses / Insurance | \$ | | Saving /Money Market | | \$ |
| Credit Cards / Installment Loan(s) (total minimum payment for both per month) | \$ | | Stocks / Bonds / CDs | | \$ |
| Health Insurance (not withheld from pay) | \$ | | IRA / Keogh Accounts | | \$ |
| Medical (Co-pays and Rx) | \$ | | 401k/! ESPO Accounts | | \$ |
| Child Care / Support / Alimony | \$ | | Home | | \$ |
| Food / Spending Money | \$ | | Other Real Estate | # | \$ |
| Water / Sewer / Utilities / Phone | \$ | | Cars | # | \$ |
| HOA/Condo Fees/Property Maintenance | \$ | | Life Insurance (Whole Life not Term) | | \$ |
| Life Insurance Payments (not withheld from pay) | \$ | | Other | | \$ |
| Total | \$ | | Total | \$ | |

"I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status."

Submitted this _____ day of _____, 20_____

By _____
Signature of Borrower

By _____
Signature of Co-Borrower

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.