

Statement of Total Assets and Liabilities

Name _____

Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Social Security # _____

Social Security # _____

Phone Nos.: _____

Phone Nos.: _____

Email address: _____

Email address: _____

**For assets, enter your best estimate of current value,
WITHOUT subtracting any mortgage or loan.**

For liabilities, enter the total amount you owe.

Assets

Liabilities

House _____

House _____

Other real estate _____

Other real estate loans _____

Auto 1 _____

Auto 1 Loan _____

Auto 2 _____

Auto 2 Loan _____

Boat _____

Boat loan _____

Motor Home _____

Motor Home Loan _____

Ckg. & Savings _____

Total Credit Card Debt _____ No. of Cards _____

IRA/Investments _____

Unpaid taxes _____

Other Property _____

Student loans _____

Other asset _____

Medical bills (MDs, hospitals) _____

Other asset _____

Other debt _____

Other asset _____

Other debt _____

TOTAL ASSETS _____

TOTAL DEBTS _____

When was your most recent mortgage payment? _____ Have you missed any credit card payments? _____

Financial Statement

e-mail

Print Form

Hardship Acknowledgement

Name _____ Address _____
City _____ State _____ Zip _____

What is the primary reason for your hardship? (Select **ONLY ONE** option which best describes your situation)

- | | |
|--|--|
| <input type="radio"/> Death of Mortgagor | <input type="radio"/> Inability To Sell Property |
| <input type="radio"/> Illness of Mortgagor | <input type="radio"/> Inability To Rent Property |
| <input type="radio"/> Illness of Mortgagor's Family Member | <input type="radio"/> Military Service |
| <input type="radio"/> Death of Mortgagor's Family Member | <input type="radio"/> Business Failure |
| <input type="radio"/> Marital Difficulties | <input type="radio"/> Incarceration |
| <input type="radio"/> Reduction of Income | <input type="radio"/> Natural Disaster or Fire |
| <input type="radio"/> Excessive Obligations | <input type="radio"/> Other _____ |
| <input type="radio"/> Abandonment of Property | Explain _____ |
| <input type="radio"/> Distant Employment Transfer | |

Military Service Follow Up Question:

Are You Currently On Active Deployment?

Yes No

What Date Did Your Hardship Begin? _____ Is The Hardship temporary? Yes No

Do You Have A Credit Counselor? Yes No Agency Name _____ Phone Number _____

How Many People Live In Your Household? _____ How Many Dependents Live In Your Household? _____

About The Property

What is the primary purpose of the property? (select **ONE** option which best describes what the property is used for)

- Primary Residence Second Home Investment Property

Lender #1 _____ Loan # _____ Monthly Pymt. _____

Approximate Unpaid Balance _____ Interest Rate _____ Is The Property In Foreclosure? Yes No Don't Know

Loan Type (if known) FHA VA Freddie Mac Fannie Mae Private Lender

Lender #2 _____ Loan # _____ Monthly Pymt. _____

Approximate Unpaid Balance _____ Interest Rate _____ Is The Property In Foreclosure? Yes No Don't Know

Loan Type (if known) FHA VA Freddie Mac Fannie Mae Private Lender

Is the property occupied by owners, occupied by renters, or vacant? (select **ONE** option which best describes the occupancy status)

Owner Occupied Renter Occupied Vacant

Are Renters Paying To Occupy The Property? Yes No

If Vacant, Are the Utilities On And The Property Secured? Yes No

Do You Intend To Keep The Property? Yes No Is The Property Currently For Sale? Yes No

Listing Price: _____ Date Listed _____ Have You Received An Offer ON The Property? Yes No

Date Of Offer _____ Offer Amount _____ Are You Using A Real Estate Broker? Yes No

Broker/Agency Name: _____ Phone Number _____

Household Income

List any income from any members of the household who contribute to the mortgage. **Indicate "self" if you are self employed.**

Name of Individual _____	Employer _____
Wages Less Deductions _____	Payment Schedule <input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Twice A Month <input type="radio"/> Monthly
Name of Individual _____	Employer _____
Wages Less Deductions _____	Payment Schedule <input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Twice A Month <input type="radio"/> Monthly
Name of Individual _____	Employer _____
Wages Less Deductions _____	Payment Schedule <input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Twice A Month <input type="radio"/> Monthly

Other Monthly Income

Overtime / Commissions / Bonuses _____	Dividends / Royalties _____
Child Support Received _____	Unemployment _____
Alimony Received _____	SSI / Disability _____
Rental Income _____	Welfare / Food Stamps _____
Tips / Other Income _____	Other Income _____

Monthly Expenses

Total Amount Paid On All Car Payments _____	Monthly Alimony Paid _____
Total Amount Paid On All Credit Cards _____	Monthly Child Support Paid _____
Total Amount Paid On Other Loans / Credit Lines _____	Storage / Space Rental _____
Monthly Boat / Motorcycle Payments _____	Office Space _____

Monthly Living Expenses

Food _____	Car / Vehicle Insurance _____
Child Care _____	Health Insurance _____
Clothing _____	Life Insurance _____
Total Gas & Electric Combined _____	Property Insurance _____
Water / Sewer/ Garbage _____	Property Taxes _____
House & Cell Phones Combined _____	Cable / Satellite / Internet _____
Gas / Fuel (Vehicles) _____	Entertainment _____
SSI / Disability _____	Charitable Contributions _____
Bus/ Transit/ Parking _____	Professional Dues / Subscriptions _____
HOA Dues / Fees _____	Continuing Education _____
All Medical Bills Combined _____	Pest / Swimming Pool Service _____
All Prescription Drugs Combined _____	House / Auto Repairs _____

Assets

Provide details of any properties you own:

Property Address _____ City _____ State _____ Zip _____

Is There A Loan On This Property? Yes No Lender's Name _____

Monthly Payment _____ Months Delinquent _____ Approximate Unpaid Balance _____ Approximate Value _____

Property Address _____ City _____ State _____ Zip _____

Is There A Loan On This Property? Yes No Lender's Name _____

Monthly Payment _____ Months Delinquent _____ Approximate Unpaid Balance _____ Approximate Value _____

List Any Automobiles You Have Completely Paid Off:

Make _____ Model _____ Year _____ Estimated Value _____

Make _____ Model _____ Year _____ Estimated Value _____

Make _____ Model _____ Year _____ Estimated Value _____

List any other significant assets such as boats, RVs, valuable collections, jewelry or other real estate not previously reported.

Item Description _____ Estimated Value _____

Item Description _____ Estimated Value _____

Cash & Account Balances

Cash On Hand _____ Cash Value Of Life Insurance _____
Checking Account Balance _____ 401k / Retirement Acct Balance(s) _____
All Savings Account Balances _____ CDs / Stocks / Mutual Funds _____

AUTHORIZATION AND ACKNOWLEDGEMENT

I/we certify that all information presented herein as well as attachments are true, accurate and correct to the best of my knowledge.

Borrower _____ Date _____

Co-borrower _____ Date _____