

Financial Statement

Loan # _____

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Name of Lender/Bank _____

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Borrower Name	Social Security#
Property Address	
City, State, Zip	
Home Phone:	Cell Phone:
Work Phone	
Co-Borrower Name	Social Security#
Total number of person living at this address	Cell Phone:
Number of Dependents	Monthly Income (wages)

Additional Income (not Wages): \$ _____ / Source _____
 *****Include Alimony, Child Support, Disability, Rental Income, Social Security, Welfare/Food Stamps

ASSET TYPE	Est. Value	LIABILITY TYPE	Payment Mo.	Bal. Due
Home		Mortgage 1		
Other Real Estate		Mortgage 2		
Checking		HOA Fee's		
Savings		Land Lease		
Money Market		Tax and/or Tax Liens		
Stocks, Bonds, CD's		Homeowners Insurance		
IRA/Keough Accounts		Alimony		
Auto 1		Child Support		
Auto 2		Child Care		
Auto 3		Rent		
Boat		Other Mortgage		
Other		Personal Loans		
Other		Credit Cards		
Total Assets		Medical Insurance		
Have you attempted a loan modification?		Medical Expenses		
Have you included this home in Bankruptcy?		Utilities		
Is your home currently for sale?		Food		
Would you consider selling vs. foreclosure?		Gasoline		
Have you received a notice of sale?		Total Expenses		

Your options will be based upon the information you have provided.
 I (we) agree that the financial information provided is an accurate statement of my (our) financial status.

X _____ Date X _____ Date

Your Email Address _____

FAX THIS TO 562-683-0428 also in your own words on a separate piece of paper please explain how far behind you are on your mortgage and why. If you are not delinquent why you feel you soon will be.