

Work Out Options & Counseling Form

BORROWER REQUEST FOR HARDSHIP ASSISTANCE

To complete your request for hardship assistance, your lender must consider your circumstances to determine possible options while working with your counseling agency. Please provide the following information to the best of your knowledge.

CUSTOMER/PRIMARY APPLICANT

Please print clearly

Borrower name(s) _____
Loan Number _____
Property Address _____
City _____ State _____ Zip Code _____
Is the property for Sale? _____ Listing date _____ Price \$ _____
Realtor Name _____ Realtor Phone _____
Borrower Occupied? Yes / No

Mailing Address (if different) _____
City _____ State _____ Zip Code _____
Phone Numbers Home _____ Office _____
Cell _____ Other _____
Email _____
Number of People in Household _____ How Long? _____

CO-BORROWER

Mailing address _____
Phone Numbers Home _____ Office _____
Cell _____ Other _____
Email _____
Number of People in Household _____ How Long? _____

COUNSELING INFORMATION

First Mortgage Lender: _____ Type of Loan: _____
Loan Number: _____ Date You Closed Your Loan: _____
Second Mortgage Lender: _____ Type of Loan: _____
Loan Number: _____
Total Mortgage payments amount \$ _____ Includes Taxes & Insurance: _____
Date of Last Payment: _____

Primary Reason for Default:

Is the loan in Bankruptcy? Y / N If yes, provide the names, location of court, case number & attorney:

<u>Assets:</u>	<u>Amount owed</u>	<u>Value</u>
Home	\$	\$
Other Real Estate	\$	\$
Retirement Funds	\$	\$
Investments	\$	\$
Checking	\$	\$
Savings	\$	\$
Other	\$	\$

Automobile #1 Model _____ Year _____ Amount Owed _____ Value _____

Automobile #2 Model _____ Year _____ Amount Owed _____ Value _____

Other transportation (automobiles, boats, motorcycles...)
Model _____ Year _____ Amount Owed _____ Value _____

Monthly Income:

Name(s) of Employer(s)	Net Monthly Wage
1.	
2.	
3.	

Additional Income Description (not wages)

Monthly Amount

1.	
2.	
Borrower Pay Days _____	Co Borrower Pay Days _____

Monthly Expenses: (Please only include expenses you are currently paying)

<u>EXPENSE</u>	<u>AMOUNT</u>	<u>EXPENSE</u>	<u>AMOUNT</u>
Mortgage		Food	
2 nd Mortgage		Utilities	
Automobile Payment(s)		Condominium/ Neighborhood Fees	
Auto Insurance		Medical (not covered by insurance)	
Auto Fuel/Repairs		Other property pmts	
Credit Card Pmts		Telephone/Cell Phone	
Installment loan pmts		Cable TV	
Child support/Alimony		Spending Money	
Day Care/Child Care/Tuition		Other Expenses	

Counseling Agency: _____ Counselor: _____

Office: _____ Fax: _____ Email: _____

Amount Available for Monthly Mortgage Payments Based on Income and Expenses: _____