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LOAN MODIFICATION INTAKE FORM

I. CLIENT INFORMATION

Name of 1st Borrower: _____

Name of 2nd Borrower: _____

Address: _____

Home Phone: _____

Work Phone: _____

Best Times to Reach: _____

Marital Status: _____

Spouse (if any) _____

Children (names and ages) _____

Others in Household: _____

II. INFORMATION ABOUT HOME BEING FORECLOSED

Address of Property (if different from above): _____

Names of all Co-owners w/ Address (if different): _____

Year Purchased: _____

Original Purchase Price: _____

Estimate of Current Value: _____

Number of Rooms: _____

Owner Occupant? _____

At purchase? Yes _____ No _____

Now? Yes _____ No _____

Multi-Family Home? Yes _____ No _____

If so, provide the following information:

Name of tenants: _____

Rent received: _____

Condition: _____ Excellent _____ Good _____ Fair _____ Poor

Major repairs needed? Describe: _____

Number of Mortgages: _____

Other Liens _____

III. MORTGAGE

Type of Mortgage:

_____ Purchase Money

_____ Refinance

_____ Home Equity Loan

_____ Debt Consolidation

_____ Other

Year of Mortgage _____

Original Amount _____

Do you have original loan papers? Yes _____ No _____

Current Lender or Servicer: _____

Address of Current Lender or Servicer: _____

Phone: _____

Fax: _____

Contact Person: _____

Loan Account number: _____

Investor/Insurer

_____ FHA Insured

_____ VA

_____ RHS

_____ Fannie Mae

_____ Freddie Mac

_____ PMI _____

_____ Other _____

Term of mortgage (in months): _____

Interest Rate : _____

Principal and Interest Payment (monthly): _____

Tax and Insurance Payment (monthly): _____

Total Monthly Payment: _____

Months Behind: _____

Total Arrears Including Costs: _____

Current Principal Balance _____

Payoff Amount _____

Are you in Default? Yes _____ No _____

Status/Amount of Monthly Payment: _____

Reason for Default: _____

Give us a Statement of your Objectives and Plan: _____

Other Mortgages and Liens? Yes _____ No _____

Describe:

IMPORTANT NOTE: If you have other mortgages, please send us the information for each one using the questions on the form above.

Is this property in foreclosure? _____

If yes, when is the foreclosure sale? _____

Is this property your primary residence? _____

Do you plan to remain at this property? _____

Have you ever filed a bankruptcy, and if so, when? _____

How much money do you have at this time to put towards your delinquency? _____

What is your monthly combined NET income? _____

Assets Information

<u>LIQUID ASSETS</u>	<u>ESTIMATED VALUE</u>
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Cash on hand: _____

Checking and Savings: _____

Certificates of Deposit (COD's): _____

Stocks, Bonds, and Mutual Funds: _____

All Retirement Assets (401(k), IRA's, etc): _____

Other: _____

TOTAL LIQUID ASSETS: \$ _____

<u>NON-LIQUID ASSETS</u>	<u>EST. VALUE</u>	<u>BALANCE DUE</u>	<u>NET VALUE</u>
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Primary Home: _____ \$ _____

Other Home: _____ \$ _____

Automobile 1: _____ \$ _____

Automobile 2:	_____	_____	\$ _____
Automobile 3:	_____	_____	\$ _____
Cash Value of Life Insurance:	_____	_____	\$ _____
Boat:	_____	_____	\$ _____
Trailer:	_____	_____	\$ _____
Other: 2nd home loan:	_____	_____	\$ _____
TOTAL NON- LIQUID ASSETS	\$ _____	\$ _____	\$ _____

Income Information

<u>DESCRIPTION (MONTHLY):</u>	<u>BORROWER 1</u>	<u>BORROWER 2</u>	<u>Total</u>
Net Monthly Pay	_____	_____	_____
Bonuses:	_____	_____	_____
Child Support/Alimony:	_____	_____	_____
Rental Property:	_____	_____	_____
Disability/ Social Security/Retire:	_____	_____	_____
Room Rental:	_____	_____	_____
Pension:	_____	_____	_____
Public Benefits:	_____	_____	_____
Dividends:	_____	_____	_____
Trust Payments:	_____	_____	_____
Royalties:	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____

Expense Information

<u>DESCRIPTION:</u>	<u>MONTHLY PAYMENT:</u>
Payroll Deductions	
Income Tax Withheld	_____

Social Security _____
FICA _____
Wage Garnishments _____
Credit Union _____
Other _____

Home Related Expenses

Mortgage or Rent _____
Second Mortgage _____
Third Mortgage _____
Real Estate Taxes _____
Insurance _____
Condo Fees & Assessments _____
Home Maintenance/ Upkeep _____

Utilities

Gas _____
Electric _____
Oil _____
Water/Sewer _____
Telephone _____
Land Line _____
Cell _____
Cable TV _____
Internet _____
Other _____

Food

Eating Out _____
Groceries _____
Clothing _____
Laundry and Cleaning _____
Medical _____
Current Needs _____
Prescriptions _____

Dental	_____
Insurance Co-Payments or Premiums	_____
Other	_____
Transportation	
Auto Payments	_____
Car Insurance	_____
Gas and Maintenance	_____
Public Transportation	_____
Life Insurance	_____
Alimony or Support Paid	_____
School Expenses	_____
Student Loan Payments	_____
Entertainment	_____
Newspapers/Magazines	_____
Charity/Church	_____
Pet Expenses	_____
Amounts Owed on Debts	
Credit Card	_____
Credit Card	_____
Credit Card	_____
Credit Card	_____
Medical Bill	_____
Medical Bill	_____
Other Back Bills (List)	_____
Cosigned Debt	_____
Business Debts (List)	_____
Other Expenses (List)	_____
Miscellaneous	_____
TOTAL	_____

Other Important Debt Issues:

Wage Garnishments Yes_____ No_____

