

WORKABLE SOLUTIONS APPLICATION

C

LOAN NUMBER _____

PART A BORROWER INFORMATION

Borrower Name	Social Security No.	Co-Borrower Name	Social Security No.
Borrower Phone No. Day () Evening ()		Co-Borrower Phone No. Day () Evening ()	
Primary Home (Where you live) Street		Co-Borrower Primary Home (Where you live) Street	
City State Zip Code		City State Zip Code	
Employer	Position	Employer	Position
Employment Dates (From - To)		Employment Dates (From - To)	

PART B ASSETS AND LIABILITIES

DESCRIPTION	ESTIMATED VALUE (A)	AMOUNT OWED (B)	NET VALUE (A-B)
1. Cash	\$ -	\$ -	\$ -
2. All Checking and Savings Accounts	\$ -	\$ -	\$ -
3. All Retirement Assets (i.e. 401 (k)s, IRAs, etc.)	\$ -	\$ -	\$ -
4. Primary Home	\$ -	\$ -	\$ -
5. Other Real Estate	\$ -	\$ -	\$ -
6. Automobile(s) Make Model Year	\$ -	\$ -	\$ -

PART C PROPERTY INFORMATION

PROPERTY FOR SALE?	PROPERTY FOR RENT?	City	State
List Date / Price	Monthly Rent	Month Last Paid	Date Lease Expires
Realtor Name			
Realtor Phone			

PART D MONTHLY INCOME

DESCRIPTION (MONTHLY)	BORROWER	CO-BORROWER	TOTAL
1. Gross Salary/Wages	\$ -	\$ -	\$ -
2. Overtime Wages	\$ -	\$ -	\$ -
3. Commissions (how often paid)/Bonus (when paid)	\$ -	\$ -	\$ -
4. Disability (short or long term) / Social Security	\$ -	\$ -	\$ -
5. Alimony / Child Support/Other Income/Rental	\$ -	\$ -	\$ -
6. Total Monthly Income (add lines 1 through 5)	\$ -	\$ -	\$ -
7. Total Paycheck Deductions	\$ -	\$ -	\$ -

PART E MONTHLY EXPENSES

Number of People in the Household _____

DESCRIPTION (MONTHLY)	MONTHLY PAYMENT	BALANCE DUE	# MOS DELINQUENT
1. Primary Home Mortgage (including taxes and insurance)	\$ -	\$ -	
2. Rent Payment (if owner not occupying subject property)	\$ -	\$ -	
3. Maintenance/Homeowners Association Fees	\$ -	\$ -	
4. Other Mortgages	\$ -	\$ -	
5. Automobile Loans	\$ -	\$ -	
6. Other Loans	\$ -	\$ -	
7. Credit Cards (minimum payment)	\$ -	\$ -	
8. Alimony/Child Support	\$ -	\$ -	
9. Child/Dependent Care	\$ -	\$ -	
10. Utilities (water, electricity, gas, cable, etc.)	\$ -	\$ -	
11. Telephone (Land line and Cell phone)	\$ -	\$ -	
12. Insurance (automobile, health, life)	\$ -	\$ -	
13. Medical Expenses (uninsured)	\$ -	\$ -	
14. Car expenses (gas, maintenance, parking)	\$ -	\$ -	
15. Groceries and Toiletries	\$ -	\$ -	
16. Dry Cleaning and Clothing	\$ -	\$ -	
17. Spending Money/Entertainment	\$ -	\$ -	
18. Other Monthly Expenses (Explain)	\$ -	\$ -	

Please send this completed form along with verification of income (current pay stub, profit and loss statement, or applicable documentation) and a letter explaining the reason you are unable to maintain the current monthly payment.

Fax completed package to (301) 696-4473 or mail to CitiMortgage, Department 0010, 5280 Corporate Drive, Frederick, MD 21702