

Loan Number: _____

Please allow five business days from the date of receipt to process your financial package. If you have any questions about the information requested, call us at 1.800.206.2901.

	Homeowner	Additional Homeowner
Name:	_____	_____
Work telephone:	_____	_____
Home telephone:	_____	_____
Cell phone:	_____	_____
Best time to call (Day/Time):	_____	_____
Total number of individuals in your household:	_____	_____

1. Tell us about your situation

What caused your financial hardship, and when did it begin? Has it been resolved? If not, when do you think it will be resolved? (If necessary, please attach an additional sheet.)

Have any actions been taken to resolve the situation? (Examples: taken on another job, cut optional household expenses such as cable, etc.)

2. Tell us about your property

Please check all that apply:

<input type="checkbox"/> I live in this house	<input type="checkbox"/> This is a second home
<input type="checkbox"/> This house is vacant	<input type="checkbox"/> This is a rental property
	(Monthly Rent: \$_____)

<p>3. Tell us about your monthly household expenses</p> <p>Home: \$ _____ (e.g. mortgage payment, property taxes)</p> <p>Second Mortgage/Other Property \$ _____</p> <p>Utilities \$ _____ (e.g. electricity, gas, water, sewer, garbage, cell and home phones, Internet/cable)</p> <p>Necessities \$ _____ (e.g. groceries, household supplies)</p> <p>Transportation \$ _____ (e.g. car payment/lease, insurance, fuel, repair allowance, mass transit)</p> <p>Insurance \$ _____ (e.g. medical/dental, life/disability, homeowners)</p> <p>Monthly Debts \$ _____ (e.g. credit cards, student loans, personal loans, other)</p> <p>Childcare/Education \$ _____ (e.g. school lunch, tuition, child support, day care, books)</p> <p>Medical Expenses \$ _____ (e.g. hospital, clinic, pharmacy)</p> <p>Entertainment \$ _____ (e.g. dining out, hobbies, movies, shows)</p> <p>Gifts \$ _____ (e.g. children's allowance, religious donations, holidays/birthdays)</p> <p>Miscellaneous \$ _____ (please describe: _____)</p> <p>Total Monthly Net Expenses \$ _____</p> <hr style="border-top: 1px dashed black;"/> <p><i>(If you have more than one mortgage, please complete the following items)</i></p> <p>Lender Name _____</p> <p>Principal Balance _____</p> <p>Monthly Payment Amount _____</p> <p>Number of Delinquent Payments _____</p>	<p>4. Tell us about your monthly household income</p> <p>Homeowner</p> <p>Net Income \$ _____ (monthly income after taxes and benefits are deducted)</p> <p>Disability \$ _____ <i>Income from disability payments is only for purposes of determining your ability to repay the obligation.</i></p> <p>Rental Income \$ _____</p> <p>Unemployment \$ _____</p> <p>Child Support/Alimony \$ _____ <i>Income from alimony, child support, or separate maintenance payments need not be revealed unless you want it to be considered as a basis for repaying the obligation.</i></p> <p>Total Monthly Net Income \$ _____</p> <p>Current Employment Status (please circle) Employed Full-time Employed Part-time Unemployed/NotWorking Self-Employed Retired</p> <p>Additional Homeowner</p> <p>Net Income \$ _____ (monthly income after taxes and benefits are deducted)</p> <p>Disability \$ _____ <i>Income from disability payments is only for purposes of determining your ability to repay the obligation.</i></p> <p>Rental Income \$ _____</p> <p>Unemployment \$ _____</p> <p>Child Support/Alimony \$ _____ <i>Income from alimony, child support, or separate maintenance payments need not be revealed unless you want it to be considered as a basis for repaying the obligation.</i></p> <p>Total Monthly Net Income \$ _____</p> <p>Current Employment Status (please circle) Employed Full-time Employed Part-time Unemployed/NotWorking Self-Employed Retired</p>
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5. If your account is not already escrowed for taxes and insurance or not required to be, do you wish to have an escrow account set up? If yes, please enclose a copy of the Homeowner's Declaration from your insurance policy.

6. Tell us about your net worth

Assets		Liabilities	
Cash	\$ _____	Loans Secured by Other Real Estate	\$ _____
401(k) Account Balance	\$ _____	Loans Secured by Automobiles	\$ _____
Value of Stocks, Bonds, etc.	\$ _____	Credit Card / Charge Account Balances	\$ _____
Other Real Estate Value	\$ _____	Balance of Personal Debts	\$ _____
Value of Automobiles	\$ _____	Loan Secured by another lien on this property	\$ _____
Checking Account Balance	\$ _____		
Savings Account Balance	\$ _____		
Insurance Cash Value	\$ _____		
Other	\$ _____		
Total Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth (assets minus liabilities)	\$ _____

I agree that Homecomings Financial may discuss, obtain, and share information, about my mortgage and financial situation, including but not limited to FICO credit scores, with third parties regarding possible foreclosure alternatives. Negotiations for a possible foreclosure alternative will not constitute a waiver of or defense Homecomings Financial's right to begin or continue any action, and an alternative will be provided only if Homecomings Financial and I agree to an alternative in writing. I understand Homecomings Financial may require additional information to consider certain alternatives and I am willing to disclose requested information as necessary. Homecomings Financial may contact other parties with a financial interest in this property including, but not limited to, requesting and obtaining payoff and account information from other third parties. The information I provided above is an accurate statement of my financial status.

Signature of Homeowner

Date

Signature of Homeowner

Date