Borrower's Financial Statement

Servicer: Loan Number:

Borrower Name: Co Borrower Name:

Phone Number: E-mail Address:

Bring Home Income (After Taxes & Deductions)

Borrower: $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Co Borrower: $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Any Additional Monthly Income

Child Support: $ Rent: $ Social Security/Disability: $

Retirement: $ Other: $ Explain -

Expenses (Monthly Payments)

1st Mortgage: $

2nd Mortgage: $

Other Property payment(s): $

Auto Loan(s): $

Auto Insurance: $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Gas for Auto: $

House Electric: $

House Gas: $

Credit Cards (Minimum Payments): $

Home Owners Association Fees: $

Groceries: $

Personal Loan(s): $

Student Loan(s): $

Water: $ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Cell Phone(s): $

Home Phone/Internet/Cable: $

Medical Payment(s): $

Child Support: $

Any Additional Monthly payment(s): $ Explain -

*Borrower's Contribution/Up Front Funds **(DO NOT LEAVE BLANK): $** **Minimum of One Scheduled Mortgage Payment,** Up Front Funds Are To Be In A Certified Check And Will Only Be Required If And When The Workout Is Approved By The Lender.

*Reason for Default (Print Clearly): _____

_____

_____

_____

_____ _____ _____ _____

Borrower *Date* *Co Borrower* *Date*

* FNMA Loss Mitigation Department *

* 600 Baltimore Avenue Suite-208 Towson, Maryland 21204 *

* Phone # 410-296-2550 Ext.3015 * Direct Fax # 1-206-350-0946 * E-Mail: jheinze@cgd-law.com *

"This Is An Attempt To Collect A Debt. Any Information Obtained Will Be Used For That Purpose."

Borrower's Financial Statement

*Reason for Default (Continued): _____

* FNMA Loss Mitigation Department *
* 600 Baltimore Avenue Suite-208 Towson, Maryland 21204 *
* Phone # 410-296-2550 Ext.3015 * Direct Fax # 1-206-350-0946 * E-Mail: jheinze@cgd-law.com *
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