

Bank Required Information

In order to avoid foreclosure the bank will require you to give them the following information. This is standard information that all banks require. We can expedite this process if you get us this information as soon as possible.

- 1. Hardship Letter- This letter is to inform the bank of the reasons why you are in the situation you are in. It doesn't have to be long but it does have to explain all the reasons why you are in default.
- 2. Copies of the last two months of pay stubs from your employer.
- 3. Copies of the two most recent tax returns.
- 4. Copies of the last two months of all bank statements, including checking, savings, and any other liquid assets.
- 5. Fill out the enclosed Personal Financial Statement.

Authorization Form

I _____, authorize Brad MacLay and Jen MacLay to obtain any information from any mortgagee or other party holding a lien or interest in the property and/or account(s) listed below.

Signed

Date

Address

City

State

Zip

Borrower(s) Social Security # _____

First Mortgage Information:

Bank Phone # _____

Fax # _____

Account # _____

Second Mortgage Information:

Bank Phone # _____

Fax # _____

Account # _____

PERSONAL FINANCIAL STATEMENT

Date prepared: _____ Loan Number: _____

Borrower's Name: _____
 Borrower's Employer: _____
 Co-Borrower's Name: _____
 Co-Borrower's Employer: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Number of Dependents: _____

Property Address: _____ Mailing Address (If Different): _____

MONTHLY INCOME:
 Borrower's Monthly Net Income: \$ _____
 Co-Borrower's Monthly Net Income: \$ _____
 Other Income: (Child Support, Alimony, Other) \$ _____

| <u>MONTHLY EXPENSES:</u> | <u>MONTHLY PAYMENT</u> | <u>MONTHLY PAYMENT</u> | <u>BALANCED OWED</u> |
|--------------------------|------------------------|---------------------------|----------------------|
| Mortgage payment: | \$ _____ | 2 nd Mortgage: | \$ _____ |
| Child Care: | \$ _____ | Other Mortgage: | \$ _____ |
| Alimony/Child Care: | \$ _____ | Rent Paid: | \$ _____ |
| Telephone: | \$ _____ | Doctor Bills: | \$ _____ |
| Cell Phone/Pager: | \$ _____ | Hospital Bills: | \$ _____ |
| Gas/Oil: | \$ _____ | Auto Loan Pmt: | \$ _____ |
| Electricity: | \$ _____ | Auto Loan Pmt: | \$ _____ |
| Trash/Sewer: | \$ _____ | * Homeowners Ins: | \$ _____ |
| Food: | \$ _____ | * Property Taxes: | \$ _____ |
| Water: | \$ _____ | | |
| Auto Insurance: | \$ _____ | | |
| Transportation/Gasoline: | \$ _____ | | |
| Life Insurance: | \$ _____ | | |
| Cable/Satellite: | \$ _____ | | |
| Clothing: | \$ _____ | | |
| Prescriptions: | \$ _____ | | |

* If not included in Mortgage Payment

OTHER MONTHLY EXPENSES (Example: Credit Cards, Department Store Cards IRS Lien) :

| <u>PAID TO:</u> | <u>BALANCE:</u> | <u>MONTHLY PAYMENT:</u> |
|-----------------|-----------------|-------------------------|
| 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ |

We, the undersigned, jointly and severally, represent and warrant that the information submitted in this personal financial statement, questionnaire and financial statement scheduled is true, correct and complete in all material respects. The information and documentation does not omit any material fact or matter that makes the information or documentation presented misleading

 Borrower Date

 Borrower Date