

BORROWER AND PROPERTY INFORMATION			
Property Address:		Account Number:	
		Loan(Fan/Fred,FHA,VA,Conv.)	
Borrower Name		How long have you owned?	
Mailing Address Street:		Phone:	
City:	State:	Zip:	
Co-Borrower Name:		Phone:	
Mailing Address Street:			
City:	State:	Zip:	
3rd Borrower Name:		Liabilities:	
Phone:		Monthly Payment	
Number of household dependents:		1st Mortgage	
Assets:		2nd Mortgage or Equity Line	
Estimated Value		Property Insurance	
House Value from Realtor		Property Taxes	
Checking Acct.		Child Support	
Savings Acct.		Child Care	
401K/Keogh		Tuition	
IRA		Alimony	
Stocks		Auto Loan(s)	
Other		Auto Insurance	
Other		Auto Maintenance/Gas	
Other		Health Insurance	
Total Value Assets		Medical Premiums	
Auto1 - Make:		Medical Co-Pays	
- Model:		Medicine	
- Year:		Electric	
Auto2 - Make:		Gas	
- Model:		Water/Sewer	
- Year:		Telephone	
Others-Make:		Cable/Satellite	
-Model:		Church/Club/Assoc. Dues	
- Year:		Entertainment	
Total Estimated Value Autos		Food	
Borrower Gross Monthly Income:		Clothing	
Borrower Net Monthly Income		Other (i.e. Trustee, Loan)	
Employer:		Credit Cards:	
Co-Borrower's or Other Gross Monthly Income (CIRCLE: Co-Borrower, Other contributing to household)		Department Store	
Other Net Monthly Income		VISA	
Employer:		MasterCard	
Additional Other Income:		American Express	
Type:(child support, alimony, pensions, interest, rental, other)		Other Credit Cards	
Total Monthly NET Income:		Total Monthly Payments:	
Mortgages:		Home Equity Line Company:	
1st Mortgage Company		Account Number:	
Account Number:		Balance:	
Balance:		Is Property Insured? Circle: YES NO	
2nd Mortgage Company:		Insurance Company:	
Account Number:		Policy Number:	
Balance:		Agent Name: Phone:	
Is Property Listed for Sale? Circle: YES NO			
List Price: How Long?:		Agent: Phone:	
I(We) agree that the financial information provided is an accurate statement of my(our) financial status. I(We) understand and acknowledge that any action taken by the holder or servicer of my(our) mortgage loan on my(our) behalf will be made in strict reliance on the financial information provided. My(Our) signatures below grants the holder and/or servicer of my(our) mortgage the authority to confirm information I(we) have disclosed in this financial statement to verify that it is accurate by ordering a credit report, and to contact my real estate agent, attorney,broker,credit counseling rep. and/or Operation Restoration.			
By: _____		By: _____	
Signature of Borrower Date		Signature of Borrower Date	

BORROWER AND PROPERTY INFORMATION SAMPLE			
Property Address:	1234 Any Street	Account Number:	12345678
	City, State Zip	Loan(Fan/Fred,FHA,VA,Conv)	FHA
Borrower Name	Jane Doe	How long have you owned?	4 years
Mailing Address Street:	1234 Any Street	Phone:	404-555-1212
City: Any City	State: Any State	Zip: Any Zip	
Co-Borrower Name:		Phone:	
Mailing Address Street:			
City:	State:	Zip:	
3rd Borrower Name:		Liabilities:	Monthly Payment
Phone:		1st Mortgage	1,773.93
Number of household dependents: 3		2nd Mortgage or Equity Line	154.00
Assets:	Estimated Value	Property Insurance	included
House Value from Realtor	241,000.00	Property Taxes	included
Checking Acct.	1,823.71	Child Support	0.00
Savings Acct.	320.21	Child Care	0.00
401K/Keogh	0.00	Tuition	0.00
IRA	0.00	Alimony	0.00
Stocks	0.00	Auto Loan(s)	425.72
Other	0.00	Auto Insurance	200.00
Other	0.00	Auto Maintenance/Gas	150.00
Other	0.00	Health Insurance	included in paycheck
Total Value Assets	243,143.92	Medical Premiums	0.00
Auto1 - Make:Toyota	Value: 20,000	Medical Co-Pays	10.00
- Model:Avalon		Medicine	60.00
- Year: 2004		Electric	243.00
Auto2 - Make:	Value:	Gas	95.00
- Model:		Water/Sewer	75.00
- Year:		Telephone/Cell	125.00
Others-Make:	Value:	Cable/Satellite/Internet	136.00
-Model:		Church/Club Dues	10.00
- Year:		Entertainment	0.00
Total Estimated Value Autos	20,000	Food	250.00
Borrower Gross Monthly Income:	3,840.00	Clothing	20.00
Borrower Net Monthly Income	3,149.00	Other (i.e.Trustee, Loan)	325.00
Employer:	ABC Company	Credit Cards:	
Co-Borrower's or Other Gross Monthly Income (CIRCLE: Co-Borrower, Other contributing to household)	0	Department Store	320.00
Other Net Monthly Income	0	VISA	225.00
Employer:		MasterCard	180.00
Additional Other Income:	0	American Express	120.00
Type:(child support, alimony, pensions, interest, rental, other)		Other Credit Cards	
Total Monthly NET Income:	3,149.00	Total Monthly Payments:	4,897.65
Mortgages:		Home Equity Line Company:	
1st Mortgage Company:	Litton	Account Number:	
Account Number:	12345678	Balance:	
Balance:	268,671.52	Is Property Insured? Circle: YES NO	
2nd Mortgage Company:	SunTrust	Insurance Company:	State Farm
Account Number:	12345678910	Policy Number:	1234567
Balance:	7,094.64	Agent Name: Roger Williams	Phone:404-555-1212
Is Property Listed for Sale? Circle: YES NO			
List Price:	How Long?:	Agent:	Phone:
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By: <u>Jane Doe</u>	<u>1/12/09</u>	By: _____	_____
Signature of Borrower	Date	Signature of Borrower	Date