	BORROWER AND PROPERTY INFORMATION				
Property Address:		Account Number:			
		Loan (V A, 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:	Monthly Payment		
Phone:		1st Mortgage			
Number of household depende	ents:	2nd Mortgage or Equity Line			
Assets:	Estimated Value	Property Insurance			
House Value from Realtor		Property Taxes			
Checking Acct.		Homeowners Assoc. (HOA)			
Savings Acct.		Child Support			
401K/Keogh		Child Care			
IRA		Tuition			
Stocks		Alimony			
Other		Auto Loan(s)			
Other		Auto Insurance			
Other		Auto Maintenance/Gas			
Total Value Assets		Health Insurance			
Auto1 - Make:	Value:	Medical Premiums			
- Model:	value.	Medical Co-Pays			
- Year:		Medicine			
Auto2 - Make:	Value:	Electric			
- Model:	value.	Gas			
- Model. - Year:		Water/Sewer			
	Value:				
Others-Make:	value:	Telephone Cable/Satellite			
-Model:					
- Year:		Church/Club Dues			
Total Estimated Value Autos Borrower Gross Monthly		Entertainment			
_		Faad			
Income:		Food			
Borrower Net Monthly Income		Clothing			
Employer:		Other (i.e. Trustee, Loan)			
Co-Borrower's or Other Gross					
Monthly Income (CIRCLE:					
Co-Borrower, Other		Credit Cards			
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:		
	ircle: YES NO	, tgoilt ttaillo.			
	ow 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.					
	•	Ву:	·		
By:	Data		Data		
Signature of Borrower	Date	Signature of Borrower	Date		

	BORROWER AND PROP	ERTY INFORMATION SAMPL		
Property Address:	1234 Any Street	Account Number:	12345678	
	City, State Zip	Loan (V A, Conv.)	Conventional	
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	1,555.00	
Number of household depende		2nd Mortgage or Equity Line	224.00	
Assets:	Estimated Value	Property Insurance	included	
House Value from Realtor		Property Taxes	included	
Checking Acct.		Homeowners Assoc (HOA)	85.00	
Savings Acct.		Child Support	0.00	
401K/Keogh		Child Care	0.00	
IRA		Tuition	0.00	
Stocks		Alimony	0.00	
Other		Auto Loan(s)	425.72	
Other		Auto Insurance	200.00	
Other		Auto Maintenance/Gas	125.00	
Total Value Assets		Health Insurance	included in paycheck	
Auto1 - Make:Toyota	Value: 20,000	Medical Premiums	0.00	
- Model:Avalon		Medical Co-Pays	10.00	
- Year: 2004		Medicine	60.00	
Auto2 - Make:	Value:	Electric	240.00	
- Model:		Gas	95.00	
- Year:		Water/Sewer	75.00	
Others-Make:	Value:	Telephone/Cell	100.00	
-Model:		Cable/Satellite/Internet	125.00	
- Year:		Church/Club Dues	10.00	
Total Estimated Value Autos	20,000	Entertainment	0.00	
Borrower Gross Monthly	0.500.00		000.00	
Income:	3,506.00		200.00	
Borrower Net Monthly Income	2,874.92		20.00	
Employer: Co-Borrower's or Other Gross	ABC Company	Other (i.e.Trustee, Loan)	90.00	
Monthly Income (CIRCLE: Co-				
Borrower, Other contributing		Credit Cards		
to household)		Department Store		
Other Net Monthly Income	1066.00		125.00	
Employer:	XYZ Company	MasterCard	50.00	
Additional Other Income:	300.00	American Express	50.00	
Type:(child support, alimony,				
pensions, interest, rental, other)	Rental income	Other Credit Cards		
Total Monthly NET Income:	4,165.92	Total Monthly Payments:	3,864.72	
Mortgages:		Home Equity Line Company:		
1st Mortgage Company:	Litton	Account Number:		
Account Number:	12345678			
Balance:		Is Property Insured? Circle:	YES NO	
2nd Mortgage Company:	SunTrust	Insurance Company:	State Farm	
Account Number:		Policy Number:	1234567	
Balance:		Agent Name: Roger Williams	Phone:404-555-1212	
	ircle: YES NO			
	ow Long?:		Phone:	
I(We) agree that the financial information p				
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.				
to verify that it is accurate by ordering a cre		agent, attorney,broker,credit counseling re I	p. and/or Operation Restoration.	
By:Jane Doe	1/12/09	By:		
-,		Signature of Borrower		