

BORROWER AND PROPERTY INFORMATION			
Property Address:		Account Number:	
		Loan (V A)	
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.		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:		Medical Premiums	
- Model:		Medical Co-Pays	
- Year:		Medicine	
Auto2 - Make:		Electric	
- Model:		Gas	
- Year:		Water/Sewer	
Others-Make:		Telephone	
-Model:		Cable/Satellite	
- Year:		Church/Club Dues	
Total Estimated Value Autos		Entertainment	
Borrower Gross Monthly 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 contributing to household)		Credit Cards	
Other Net Monthly Income		Department Store	
Employer:		VISA	
Additional Other Income:		MasterCard	
Type:(child support, alimony, pensions, interest, rental, other)		American Express	
Total Monthly NET Income:		Other Credit Cards	
Mortgages:		Total Monthly Payments:	
1st Mortgage Company		Home Equity Line 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 (V A)	V A
Borrower Name	John Smith	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 dependents: 3		2nd Mortgage or Equity Line	224.00
Assets:	Estimated Value	Property Insurance	included
House Value from Realtor	241,000.00	Property Taxes	included
Checking Acct.	1,823.71	Homeowners Assoc (HOA)	85.00
Savings Acct.	320.21	Child Support	0.00
401K/Keogh	0.00	Child Care	0.00
IRA	0.00	Tuition	0.00
Stocks	0.00	Alimony	0.00
Other	0.00	Auto Loan(s)	425.72
Other	0.00	Auto Insurance	200.00
Other	0.00	Auto Maintenance/Gas	125.00
Total Value Assets	243,143.92	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 Income:	3,506.00	Food	200.00
Borrower Net Monthly Income	2,874.92	Clothing	20.00
Employer:	ABC Company	Other (i.e.Trustee, Loan)	90.00
Co-Borrower's or Other Gross Monthly Income (CIRCLE: Co-Borrower, Other contributing to household)	1300.00	Credit Cards	
Other Net Monthly Income	1066.00	Department Store	
Employer:	XYZ Company	VISA	125.00
Additional Other Income:	300.00	MasterCard	50.00
Type:(child support, alimony, pensions, interest, rental, other)	Rental income	American Express	50.00
Total Monthly NET Income:	4,165.92	Other Credit Cards	
Mortgages:		Total Monthly Payments:	3,864.72
1st Mortgage Company:	Litton	Home Equity Line Company:	
Account Number:	12345678	Account Number:	
Balance:	268,671.52	Balance:	
2nd Mortgage Company:	SunTrust	Is Property Insured? Circle: YES NO	
Account Number:	12345678910	Insurance Company:	State Farm
Balance:	7,094.64	Policy Number:	1234567
Is Property Listed for Sale? Circle: YES NO		Agent Name: Roger Williams	Phone:404-555-1212
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