

Mortgage Mitigation Clearing House

CLIENT CONTACT INFORMATION

PLEASE LIST THE NAME OF YOUR MODIFICATION SPECIALIST

***** Velma D. Clarke *****

Borrower:

DATE : _____

Client Signature : _____

(Print Name) : _____

Phone Number : _____

Mobile Number : _____

Email : _____

Co- Borrower:

DATE : _____

Client Signature : _____

(Print Name) : _____

Phone Number : _____

Mobile Number : _____

Email : _____

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FINANCIAL ANALYSIS WORKSHEET

Borrower Information

PLEASE USE MONTHLY INCOME AND LIABILITIES

INCOME [GROSS MONTHLY] : \$-

BORROWER 1 : \$-

BORROWER 2 : \$-

TOTAL : \$-

Net Monthly Pay : \$-

Bonuses : \$-

Child Support / Alimony : \$-

Rental Property : \$-

Disability / Social Security / Retirement : \$-

Room Rental(s) : \$-

Other : \$-

Other : \$-

TOTAL MONTHLY INCOME \$-

Monthly Mortgage 1 : \$-

Automobile 1 : \$-

Alimony : \$-

Student Loan : \$-

MasterCard : \$-

Electricity : \$-

Water : \$-

Cellular : \$-

HOA Dues : \$-

Trash/Sewer : \$-

Property Insurance : \$-

Gasoline : \$-

Groceries : \$-

Household Supplies : \$-

Education/Tuition : \$-

Animal Care : \$-

Miscellaneous Other/Medical Bills : \$-

TOTAL MONTHLY EXPENSES : \$-

Monthly Mortgage 2 :\$-

Automobile 2 :\$-

Child Support :\$-

Visa :\$-

Other :\$-

Gas :\$-

Phone :\$-

Cable/Internet :\$-

Property Taxes :\$-

Auto Insurance :\$-

Life Insurance :\$-

Maintenance :\$-

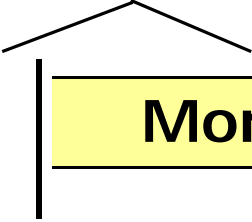
Work/School Lunches :\$-

Child Care/Day Care :\$-

Charitable Donations :\$-

Other :\$-

Initials _____ / _____



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DECLARATION OF HARDSHIP

I/We are having problems making my/our monthly payments because of financial difficulties created by:

[Please check all that apply]

Payment Increase	Unemployment	Reduced Income
Divorce	Separation	Too Much Debt
Job Relocation	Military Service	Incarceration
Business Failure	Illness	Damage to Property
Medical Bills	Death of my Spouse	Death of a family member

Other (Please Specify)

Note: Please provide all supporting Documentation related to factors selected above.

Examples: *Death Certificates, Medical Bills, Unemployment benefits, Divorce Decree, Credit Card Statements, Explanation of business failure in detail, Hospital admission paperwork, any and all medical records/history that relates to the illness, Court Records relating to incarceration, Insurance claim(s) detailing damage, [Fire, Police Reports etc..]*

Initials _____ / _____

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CLIENT FINANCIAL SUMMARY

Loan Number(s) : 1. _____ 2. _____
Type of Loan : _____
Mortgage Servicer : _____
Address of Subject Property : _____

Business Name : _____
Borrower Social Security # : _____
Borrower's Mailing Address : _____

If different than above

Co-Borrower's Name : _____
Co-Borrower's Social Security # : _____
Co-Borrower's Mailing Address : _____

If different than above

Is this property your primary residence? Y / N
Do you plan to remain in this property? Y / N

ESTIMATED HOME VALUE :\$
BALANCE DUE :\$
NET VALUE (+/-) :\$

Other Home(s) :\$
(If multiple homes please use an additional sheet)

Automobile 1 :\$
Automobile 2 :\$
Automobile 3 :\$
Cash Value of Life Insurance :\$
Boat :\$
Trailer :\$
Other: 2nd home loan :\$

TOTAL NON-LIQUID ASSETS :\$
TOTAL LIQUID ASSETS :\$

All Retirement Assets :\$
(401(k), IRA's, etc.) :\$
Other :\$
Cash on hand :\$
Checking and Savings :\$
Certificates of Deposits (COD's) :\$
Stocks, Bonds, and Mutual Funds :\$

LIQUID ASSETS :\$
ESTIMATED VALUE :\$

[Have you ever filed a bankruptcy, and if so, when?] _____
[Is this property in foreclosure? If yes, when is the foreclosure sale?] _____

Initials _____ / _____