

|                             |                    |                                |  |
|-----------------------------|--------------------|--------------------------------|--|
| LOAN NUMBER:                |                    |                                |  |
| <b>Borrower Information</b> |                    | <b>Co-Borrower Information</b> |  |
| Name:                       |                    |                                |  |
| Social Security No.:        |                    |                                |  |
| Mailing Address:            |                    |                                |  |
| City, State, Zip            |                    |                                |  |
| No. of Occupants:           | No. of Dependents: | No. of Dependents:             |  |
| Home Telephone No.:         | Best Time to Call: | Best Time to Call:             |  |
| Work Telephone No.:         | Best Time to Call: | Best Time to Call:             |  |
| Employer:                   | Years: Months:     | Years: Months:                 |  |
| Occupation:                 |                    |                                |  |

|  |   |
|--|---|
| Property Address:  | Is this property a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently reside in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No    | If no, when did you last occupy the property?                                       |
| Is this property currently listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No | Realtor's Name: Realtor's Telephone No.:  |

| Borrower Financial Information |    |                         |                 |
|--------------------------------|----|-------------------------|-----------------|
| Income                         |    | Assets                  |                 |
| Monthly Gross                  | \$ | Account No.             | Estimated Value |
| Rental Income                  | \$ | Primary Residence       | \$              |
| Child Support/ Alimony         | \$ | Checking                | \$              |
| Disability                     | \$ | Savings                 | \$              |
| Other Income                   | \$ | 401k/ESOP               | \$              |
| Less Deductions                | -  | Stocks/Bonds            | \$              |
| Net Pay                        | \$ | CD's/Money Market Acct. | \$              |

| Co-Borrower Financial Information |    |                         |                 |
|-----------------------------------|----|-------------------------|-----------------|
| Income                            |    | Assets                  |                 |
| Monthly Gross                     | \$ | Account No.             | Estimated Value |
| Rental Income                     | \$ | Primary Residence       | \$              |
| Child Support/ Alimony            | \$ | Checking                | \$              |
| Disability                        | \$ | Savings                 | \$              |
| Other Income                      | \$ | 401k/ESOP               | \$              |
| Less Deductions                   | -  | Stocks/Bonds            | \$              |
| Net Pay                           | \$ | CD's/Money Market Acct. | \$              |

|  |  |
|--|--|
| Do you own other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No | No. of vehicles you and/or co-borrower own? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ |
| If yes, please list full address(es) of other real estate below:                       |  |
| 1. _____   | Est. Value: \$      Balance: \$      Payment: \$   |
| 2. _____   | Est. Value: \$      Balance: \$      Payment: \$   |

| Liabilities       |                          |         | Expenses |   |                 |
|-------------------|--------------------------|---------|----------|---|-----------------|
|                   | Creditor Name & Acct No. | Payment | Balance  |   | Monthly Payment |
| Mortgage          |                          | \$      | \$       | Food  | \$              |
| Liens / Judgments |                          | \$      | \$       | Utilities (includes gas/electric, water, sanitation)      | \$              |
| Auto Loan         |                          | \$      | \$       | Telephone (residence, cell, etc.)                         | \$              |
| Auto Loan         |                          | \$      | \$       | Transportation  | \$              |
| Personal Loan     |                          | \$      | \$       | Child Support/Alimony                                     | \$              |
| Personal Loan     |                          | \$      | \$       | Child Day Care  | \$              |
| Student Loans     |                          | \$      | \$       | Tuition   | \$              |
| Credit Card       |                          | \$      | \$       | Auto Insurance  | \$              |
| Credit Card       |                          | \$      | \$       | Entertainment (cable, internet, dining out, movies, etc.) | \$              |
| Credit Card       |                          | \$      | \$       | Other:  | \$              |
| Other Cards       |                          | \$      | \$       | Other:  | \$              |

|   |              |                |
|---|--------------|----------------|
| Have you contacted a credit counseling agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | Agency Name: | Telephone No.: |
|---|--------------|----------------|

|  |   |   |
|--|---|---|
| Has either borrower declared bankruptcy within the past seven (7) years?:  | Borrower: <input type="checkbox"/> Yes <input type="checkbox"/> No  | Co-Borrower: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, filing date:   | District Court location:  | Bankruptcy Case No.:  |
| If yes, what Chapter was filed? <input type="checkbox"/> 7 <input type="checkbox"/> 13 <input type="checkbox"/> Other  | If Chapter 7, was a Reaffirmation Agreement filed with the Bankruptcy Court? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Has a Modification or Partial Claim been completed on this mortgage loan within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| If yes, with whom, on what date, and reason for default? _____   |   |   |

Please explain briefly your hardship or reason for being delinquent on your mortgage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify it is accurate by ordering a credit report, and to contact my real estate agent and/or credit counseling service representative (if applicable).

|                           |             |                              |             |
|---------------------------|-------------|------------------------------|-------------|
| Borrower Signature: _____ | Date: _____ | Co-Borrower Signature: _____ | Date: _____ |
|---------------------------|-------------|------------------------------|-------------|