

WILSHIRE FINANCIAL STATEMENT and Hardship Review

GENERAL INFORMATION

Name:		Loan Number(s):	
Address:		City:	State: Zip:
Primary Phone Number:		Alternate Phone:	

What is the primary reason for your hardship? (Select **ONLY ONE** option which best describes your situation)

- | | |
|---|---|
| <input type="checkbox"/> Death of Mortgagor | <input type="checkbox"/> Inability to Sell Property |
| <input type="checkbox"/> Illness of Mortgagor | <input type="checkbox"/> Inability to Rent Property |
| <input type="checkbox"/> Illness of Mortgagor's Family Member | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Death of Mortgagor's Family Member | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Marital Difficulties | <input type="checkbox"/> Business Failure |
| <input type="checkbox"/> Reduction in Income | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Excessive Obligations | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Abandonment of Property | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Distant Employment Transfer | |

Military Service Follow Up Questions:

Are you currently on active deployment?

Yes No

If you are on active deployment, have you faxed your orders to Fax: 503.952.7479?

Yes No

What date did the hardship begin:	Is the hardship temporary: <input type="checkbox"/> Yes <input type="checkbox"/> No	How long will the hardship last:
Do you have a credit counselor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Name:	Phone:
How many people live in your household:	How many dependents live in your household:	

ABOUT THE PROPERTY

What is the primary purpose of the property? (select **ONE** option which best describes what the property is used for)

- Primary Residence Second Home Investment Property

If you have a loan on this property **NOT** serviced by Wilshire please provide the following information:

Loan Number:	Lender:	Total Monthly Payment:	Due Date:
Approximate Unpaid Balance:	Interest Rate:	Is the property in foreclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the property occupied by owners, occupied by renters, or vacant? (select **ONE** option which best describes the occupancy status)

- Owner Occupied
- Renter Occupied Are renters paying to occupy the property? Yes No
- Vacant If vacant, are the utilities on and the property secured? Yes No

Do you intend to keep the property: <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered "Yes" - skip to the next page)			
Is the property currently for sale: <input type="checkbox"/> Yes <input type="checkbox"/> No	Listing Price:	Month & Year Listed:	
Have you received an offer on the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Offer:	Offer Amount:	
Are you using a real estate agent to sell the property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Name:	Phone:	

HOUSEHOLD INCOME

List any income from any members of the household who contribute to the mortgage. **Indicate "self" if you are self employed.**

Name of Individual:	Gross Pay	Total Deductions	Net Pay (Less Deductions)		
Name of Employer:	Payment Schedule:	Weekly	Biweekly	Twice a Month	Monthly
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Name of Employer:	Payment Schedule:	Weekly	Biweekly	Twice a Month	Monthly

OTHER MONTHLY INCOME

Overtime / Commissions / Bonuses:	<input type="text"/>	.00	Unemployment:	<input type="text"/>	.00
Other Job(s) Not Previously Reported:	<input type="text"/>	.00	SSI / Disability:	<input type="text"/>	.00
Child Support Received:	<input type="text"/>	.00	Welfare / Food Stamps:	<input type="text"/>	.00
Alimony Received:	<input type="text"/>	.00	Other Income:	<input type="text"/>	.00
Rental Income:	<input type="text"/>	.00			

MONTHLY EXPENSES

Total amount paid toward all car payments:	<input type="text"/>	.00
Total amount paid on all credit cards:	<input type="text"/>	.00
Total amount paid on other loans / lines of credit:	<input type="text"/>	.00

MONTHLY LIVING EXPENSES

Food:	<input type="text"/>	.00	HOA Dues / Fees:	<input type="text"/>	.00	Cable / Internet:	<input type="text"/>	.00
Child Care:	<input type="text"/>	.00	Medical Bills:	<input type="text"/>	.00	Entertainment:	<input type="text"/>	.00
Clothes:	<input type="text"/>	.00	Prescription Drugs:	<input type="text"/>	.00	Charitable Giving:	<input type="text"/>	.00
Gas / Electric:	<input type="text"/>	.00	Car Insurance:	<input type="text"/>	.00	Other:	<input type="text"/>	.00
Water / Sewer / Garbage:	<input type="text"/>	.00	Health Insurance:	<input type="text"/>	.00	(Not deducted from payroll)		
Phone(s):	<input type="text"/>	.00	Life Insurance:	<input type="text"/>	.00	(Not deducted from payroll)		
Gas / Fuel for Vehicle(s):	<input type="text"/>	.00	Property Insurance:	<input type="text"/>	.00	(Not escrowed in mortgage)		
Bus / Transit / Parking:	<input type="text"/>	.00	Property Taxes:	<input type="text"/>	.00	(Not escrowed in mortgage)		



ASSETS

Provide details of any property that you own other than the loan serviced by Wilshire.

Property Address:		City:	State:	Zip:
Is there a mortgage on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Loan Company Name:		
Monthly Payment Amount:		Month(s) Delinquent:		
Approximate Unpaid Balance:		Approximate Value:		
Property Address:		City:	State:	Zip:
Is there a mortgage on this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Loan Company Name:		
Monthly Payment Amount:		Month(s) Delinquent:		
Approximate Unpaid Balance:		Approximate Value:		

List any cars that you have completely paid off.

Make of Vehicle:	Model:	Year:
Make of Vehicle:	Model:	Year:
Make of Vehicle:	Model:	Year:

List any other significant assets such as boats, RVs, valuable collections, jewelry or other real estate not previously reported.

Item Description:	Value:
Item Description:	Value:

CASH & ACCOUNT BALANCES

Cash On Hand:	<input type="text"/>	.00	401K / Retirement Account Balance(s):	<input type="text"/>	.00
Checking Account Balance(s):	<input type="text"/>	.00	CDs / Stocks / Mutual Funds:	<input type="text"/>	.00
Savings Account Balance(s):	<input type="text"/>	.00			

AUTHORIZATION & ACKNOWLEDGEMENT

I obtained a mortgage loan secured by the above-referenced property. I certify that all information presented herein as well as attachments are true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obligates my mortgage servicer, owner of my mortgage or insurer to provide assistance to me.

By signing this Financial Statement, I hereby authorize the owner of the mortgage, my mortgage servicer and/or mortgage insurer to: 1) order credit reports from any credit reporting agency; 2) obtain a current property value review at my expense; 3) discuss with my real estate agent and/or credit counseling service representative and provide and information (regarding me or my loan); 4) release information regarding this or any other liens on any mortgaged properties.

YOU SHOULD CONSIDER THIS FINANCIAL STATEMENT AS COMING FROM A DEBT COLLECTOR AS WE SOMETIMES ACT AS A DEBT COLLECTOR. ANY INFORMATION PROVIDED BY YOU WILL BE USED TO COLLECT THIS DEBT. HOWEVER, IF YOU ARE IN BANKRUPTCY OR RECEIVED A BANKRUPTCY DISCHARGE OF THIS DEBT, THIS FINANCIAL STATEMENT IS NOT AN ATTEMPT TO COLLECT THE DEBT, BUT USED FOR POSSIBLE ENFORCEMENT OF OUR LIEN AGAINST THE COLLATERAL PROPERTY. **COLORADO:** FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE <http://www.ago.state.co.us/cadc/cadcmmain.cfm>. **NEW YORK CITY:** License 1032551. **NORTH CAROLINA:** Permit 3840. **TENNESSEE:** This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance. Wilshire Credit Corporation is licensed to do business at 14523 S.W. Millikan Way, Beaverton, OR. Wilshire's office hours are Monday - Friday 6:00 am to 5:00 pm Pacific time, holidays excluded.

BORROWER

DATE

CO-BORROWER

DATE

