

# Loan Modification Intake Sheet

## 1. Client Information

Date: \_\_\_\_\_

Borrower Name: _____	S.S.N: _____
Co-Borrower Name: _____	S.S.N: _____
Property Address: _____	
City, State, Zip: _____	
Tel Home: (    ) _____ - _____	Best time to reach: _____
Tel Work: (    ) _____ - _____	Hours: _____
Cell Phone: (    ) _____ - _____	
E-mail Address: _____	

## 2. Brief Description of Delinquency.

How many months behind are you on your mortgage? \_\_\_\_\_ Total arrears? \$ \_\_\_\_\_

Has your lender initiated foreclosure proceeding? \_\_\_\_\_

Is there a sale date schedule? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently in a bankruptcy? \_\_\_\_\_

How much do you have saved that you could put towards your arrears? \_\_\_\_\_

What is the current market value of your property? \_\_\_\_\_

## 3. Delinquent Mortgage Information

Current lender or Servicer	_____
Loan Number	_____
Original Amount of Loan:	\$ _____
When was the loan originated?	_____
Current Balance	\$ _____
Principal and Interest Payment	\$ _____
Current Interest Rate	_____ % Adjustable [ ] Fixed [ ] _____
Type of Mortgage	___ FHA [ ] ___ VA [ ] ___ Conventional [ ] _____
Annual Property Taxes	\$ _____ escrowed? Yes _____ or No _____
Annual Homeowner's Insurance	\$ _____ escrowed? Yes _____ or No _____

#### 4. Second Mortgages

Current lender or Servicer	_____
Loan Number	_____
Original Amount of Loan:	\$ _____
When was the loan originated?	_____
Current Balance	\$ _____
Principal and Interest Payment	\$ _____
Current Interest Rate	_____ %Adjustable [_____] _Fixed [_____] _____
Type of Mortgage	___FHA_ [_____] _VA_ [_____] _Conventional_ [_____] _____

#### 5. Household Income

	Amount ( net per month)	Source (i.e. job, SSI, Rental, Unemployment, etc.)
Borrower		
Borrower		
Co-borrower		
Co-borrower		
Total Income		

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Signature

<b>Expenses</b>	<b>Present Amount</b>
Mortgage	
2 <sup>nd</sup> Mortgage	
Property Taxes (if not included in mortgage)	
Homeowner's insurance (if not included in mortgage)	
Gas/Oil	
Electric	
Water/Sewage	
Phone	
Cell Phone	
Life Insurance	
Car Insurance	
Installment Loan with : _____	
Installment Loan with : _____	
Charge account: _____	
Charge account: _____	
Charge account: _____	
Charge account: _____	
Food/Groceries	
Auto Expenses	
Gasoline/ Transportation	
Medical( doctor, dentist, eye care, prescriptions)	
Daycare, babysitters	
Lunches, snack, coffee	
Cable TV	
Pay per View, video rental	
Educational Expenses	
Church/religious expenses	
Pet expenses	
Barber/ hair salon	
Allowance ( including children)	
Cigarettes/ beverages (including alcoholic)	
Fast food/Restaurant	
New Clothing/ Shoes	
Gifts- birthday, anniversaries, holidays	
Travel	
Emergency savings	
Child support, alimony	
Other Expenses	

**FOR OFFICE USE:**

\_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_ **Total Net Income**  
**Net Income**                      **Total Expenses**

## Explanation of Hardship

What changes or events have occurred since your loan originated that have caused you to fall behind?

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How did this impair your ability to afford you mortgage payments?

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When did the change(s) and/or event(s) occur?

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Do you anticipate any improvement in your financial situation in the near future? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain:

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How much are you able to contribute toward your loan as of today? \_\_\_\_\_  
How much are you able to contribute toward your loan in thirty (30) days? \_\_\_\_\_

### ACKNOWLEDGEMENT AND AUTHORIZATION

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. I (we) authorize verification or re-verification of any information contained in this Financial Statement at anytime by the lender, its agents, successors and assigns, either directly or through a third party, including but not limited to a credit reporting agency, from any source named lender the authority to contact my realtor, credit counseling service representative (if applicable), or any third party with respect to matter represented in this Financial Settlement.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## **LOAN MODIFICATION GUIDELINES**

- 80/20 2 and 3 year ARMs which closed in 2004, 2005, 2006 and 2007
- MAT COSI and COFI programs
- 1<sup>st</sup> mortgage loan has adjustable rate
- Mortgage amount of at least \$200,000.00
- LTV greater than current appraised valuation
- The borrower can be behind on his/her payment but should not be in arrears more than 90 days
- Borrower must have verifiable source of income (rental income can be used)
- Interest only programs should not exceed a 3 year period