

## FINANCIAL STATEMENT

### Borrower Information

Account Number:			
Type of Loan:			
Mortgage Servicer:			
Address of Subject Property:			
Borrower Name:			
Borrower Social Security #:			
Borrower's Mailing Address:			
Borrower's Phone Numbers:			Cell:
Co-Borrower's Name:			
Borrower Social Security #:			
Co-Borrower's Mailing Address:			
Co-Borrower's Phone Numbers:		W:	Cell:
Is this property your primary residence?		YES	
Do you plan to remain at this property?		YES	
Have you ever filed a bankruptcy, and if so, when?		No	
How much money do you have at this time to put towards your delinquency?			
Is there a sale date set?		When?	
Name of foreclosure attorney.			

### Assets Information

LIQUID ASSETS:	ESTIMATED VALUE:
Cash on hand:	
Checking and Savings:	\$ -
Certificates of Deposit (COD's):	\$ -
Stocks, Bonds, and Mutual Funds:	
All Retirement Assets (401(k), IRA's, etc):	
Other:	
<b>TOTAL LIQUID ASSETS:</b>	<b>\$ -</b>

NON-LIQUID ASSETS:	EST. VALUE:	BALANCE DUE	NET VALUE:
Primary Home:			\$ -
			\$ -
Automobile 1:			\$ -
Automobile 2:			\$ -
Automobile 3:			\$ -
Cash Value of Life Insurance:			\$ -
Boat:			\$ -
Trailer:			\$ -
Other: 2nd home loan			\$ -
<b>TOTAL NON-LIQUID ASSETS:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Income Information			
DESCRIPTION (MONTHLY):	BORROWER 1:	BORROWER 2:	Total
Net Monthly Pay - Primary Job			\$ -
Net Monthly Pay -			\$ -
Bonuses:			\$ -
Child Support/Alimony:			\$ -
Rental Property 1:			\$ -
Disability/Social Security/Retire:			\$ -
Room Rental			\$ -
Rental Property 2:			\$ -
Other:Partner			\$ -
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Expense Information			
CATEGORY:	DESCRIPTION:	MONTHLY PAYMENT:	BALANCE DUE:
Monthly Loan Payments	Mortgage 1		
	Mortgage 2		
	Mortgage 3		
	Automobile 1		
	Automobile 2		
	Other		
	Alimony/Support		
Credit Card Payments	Student Loan		
	Visa		
	Mastercard		
Monthly Utility Payments	Discover		
	Electricity		
	Gas		
	Water/Sewer		
	Trash		
	Phone		
	Cellular		
	Cable/Internet		
	Prperty Taxes (Owner)		
	Property Taxes		
Insurance (if not taken from check)	Property Taxes		
	Auto Insurance		
	Property Insurance		
Car	Prop Insurance		
	Gasoline		
Household	Groceries/Supplies		
	Work/School Lunches		
	Dry Cleaning		
	Child Care expenses		
	Education/Tuition		
	Charitable Donations		
Miscellaneous	Animal Care		
	Other/Medical bills		
<b>TOTAL MONTHLY EXPENSES:</b>		<b>\$ -</b>	<b>\$ -</b>

**NOTES AND ADDITIONAL INFORMATION**

Combined Monthly Net Income	\$	-
(monthly expenses)	\$	-
Surplus of Income	\$	-

**Mortgagor's Signatures & Dates:**

Mortgagor:	Date:
Co-Mortgagor:	Date:

Please review these documents for a "workout" solution in Loss Mitigation. Please contact Raul Gutierrez

Thank you for your time and assistance,  
Loss Mitigation Team