



*Parkview Services*

Homeownership Program  
18551 Aurora Ave N, Suite 200  
Shoreline, WA 98133-3992  
PH: 206.334.0731 FX: 206.542.6608

10/01/2009

Re: Mortgage Default Intervention Information

Dear (Customer):

Thank you for contacting the Parkview Services' Homeownership Program for Mortgage Intervention Assistance. Below is a list of documents that we have enclosed for you to review, complete and return to the Homeownership Program in order for us to assist you. The documents are as follows:

- Mortgage Intervention Checklist
- Authorization to Release Information
- Mortgage Intervention Credit Authorization
- Housing Privacy Policy and Practices
- Mortgage Information and Budget Worksheet
- Suggested Contents for a Hardship Letter

You can return these documents in person to our office (please phone 206.542.6644 to ensure the office is open). You may also mail your information to:

Parkview Services  
Attn: Homeownership Program  
18551 Aurora Ave N - Suite 200  
Shoreline, WA 98133-3992

Please fill out the documents as completely as possible. Once we have received and reviewed your documents, you will be contacted to discuss your next steps. In order for us to negotiate with or obtain accurate information from your mortgage company, we must have a completed Authorization to Release Information form.

If you have any questions please contact me. My contact information is listed below.

Marnie Claywell, Housing Counselor  
Parkview Services  
PH: 206.542.6644  
FX: 206.542.6608

EM: [marnie@parkviewservices.org](mailto:marnie@parkviewservices.org)





## Mortgage Intervention Checklist

The following information is needed in order for Parkview Services to effectively review your situation and assist you in determining an outcome. This is your first step into the Parkview Services Mortgage Intervention program. You may be eligible to receive financial assistance. Please provide the following:

- A completed "Authorization to Release Information" form (enclosed), make sure to include signature(s) and social security number(s)
- Hardship letter explaining your circumstances (suggest content enclosed)
- Bring copies of all written correspondence from your mortgage lender
- Copy of 'Notice of Default', if applicable
- Copy of last 2 months pay stubs or benefits statement (e.g. social security, disability, unemployment, retirement, public assistance)
- Copy of last 2 months bank statements
- Copy of last 2 tax returns
- Copy of divorce papers, legal separation or quick claim deed, if applicable
- Bring copies of property tax statements and hazard insurance statement, if paid separate from mortgage payments
- All bills and utilities
- Original loan paperwork of current mortgage(s) – Promissory Note(s), Good Faith Estimate(s), Truth in Lending Statement(s), HUD-1 (settlement statement)
- Other: \_\_\_\_\_

Feel free to bring in (please phone us first 206.542.6644) or mail the above documents to:

Parkview Services  
Attn: Homeownership Program  
18551 Aurora Ave N, Suite 200  
Shoreline, WA 98133-3992

Once your documentation has been received and reviewed, you will be contacted with the next steps in the Mortgage Intervention process. If you have any questions, contact Marnie Claywell at 206.334.0731 (Email: [marnie@parkviewservices.org](mailto:marnie@parkviewservices.org))



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Date \_\_\_\_\_

I authorize Parkview Services, a Washington State Housing Finance Commission approved counseling agency, to order a consumer credit report from Executive Reporting Services or American Reporting Company (ARC) for post-purchase counseling purposes or assisting me with mortgage default and/or foreclosure resolution. As part of this assistance, Parkview Services is also authorized to pull my credit report two additional times between intake and June 30, 2010 for program evaluation purposes.

I further authorize all relevant entities to accept a copy of this document as permission to release such information to Parkview Services.

I also give consent for you to discuss my case with Parkview Services' representative(s) listed below, as they are in process of helping me address my current credit and financial condition.

Applicant		Co-Applicant	
Full Name (print)		Full Name (print)	
Address		Address	
City		City	
State	Zip Code	State	Zip Code
Social Security Number		Social Security Number	
Signature		Signature	
Date		Date	

**Parkview Services Representatives:**

**Marc Cote**  
Homeownership Director

**Jane E Bloom**  
Executive Director

**Marnie Claywell**  
Housing Counselor

**Loren Shekell**  
Housing Counselor

**Parkview Office Use Only:**

- \$25.00 fee for the cost of credit report with score, received by \_\_\_\_\_
- Cash     Check \_\_\_\_\_     Money Order
- Free - Fee Waived by \_\_\_\_\_ Reason for Waiver \_\_\_\_\_



## Suggested Contents of a Hardship Letter

An effective hardship letter should include, but is not limited to the following:

1. Your identifying information: This will include your name, address and mortgage/lien holder account number.
2. You should describe your hardship and the reason for your hardship in detail.
3. Give an overview of your income and expenses and explain any anticipated changes in income (or expenses) and when the change may occur. You should also state whether you have any money saved to offset any delinquency.

### Other tips to assist you in writing you Hardship Letter:

- Make sure to limit your hardship letter to no more than 1 page
- If you hand-write it, make sure it's legible
- Your letter should be clear and to the point
- Make sure that all homeowners signed the letter.
- Be prepared to discuss what you would like the outcome to be with your counselor
- Make sure to have your counselor go over your Hardship Letter with you before you send it to your lender.

Make sure to have your Hardship Letter completed when you met with your counselor. If you need additional assistance in preparing your letter, let your counselor know.



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## Sample Hardship Letter

Date: January 9, \_\_\_\_\_  
To: Whom It May Concern  
Re: CLIENT'S NAME  
Reason for My Delinquency

At the time we bought our home I was working for Disney. I worked for this company for more than 15 years. However back in May of 2006 I was let go from Disney without cause. I disputed the case and I won and I am back at work however in a different department. During the time that I was out of work I was not paid and I could not receive unemployment this caused me to not be able to pay my mortgage. In addition to the fact that I was fired, my husband has also had medical problems.

We **do** want to save our home and **do not** want to lose it into foreclosure. We are accustom to paying our bills. Both my wife and I realize that our delinquency is early in our contract, however the circumstances which have brought us to this juncture in our life we could not control. We are pleading for your help us.

Although we are not in a position to bring our mortgage current, things have stabilized. We are seeking your assistance under the loss mitigation program. We are requesting consideration for a loan modification or other loss mitigation options. We have gone for counseling and we are seeking counseling from \_\_\_\_\_. We have been advised by our counselor to continue to save all dollars pending your decision.

Thank you in advance for your time and consideration in this matter.



## Housing Privacy Policy and Practices

We at Parkview Services value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### Information We Collect

We collect personal information to support our housing counseling program and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage,
- Information we receive from a consumer reporting agency, such as your credit history; and
- Information that we receive from personal and employment references.

### Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer-reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development. but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

*Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

### Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans and/or down payment assistance, making loan decisions, aiding you in renting or obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.



**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you choose to “opt-out” , we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (206.529.4114) and do so.

If you wish to “opt-out” of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the Privacy Choices Form.

If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the Privacy Choices Form.

**Statement of Understanding and Agreement**

By signing your signature below, you are stating that you have read, understand and agree to the Parkview Services’ Privacy Policy and Practices. If you prefer that we not disclose personal information about you to unaffiliated third parties, you may direct us not to make those disclosures (other than disclosures permitted by law) by completing the **Privacy Choices** Form attached.

Name (PRINT): \_\_\_\_\_

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

Name (PRINT): \_\_\_\_\_

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



## PRIVACY CHOICES FORM

**If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.**

**Box 1** Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

**Box 2** Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

If you have checked any of the boxes above, please give this form to your counselor or mail it in a stamped envelope to:

Parkview Services  
Attn: Homeownership Program  
18551 Aurora Ave N, Suite 200  
Shoreline, WA 98133-3992

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.



## **Acknowledgement of Service Provided and Authorization for Follow-up**

1. I understand that Parkview Services provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Parkview Services receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Parkview Services' Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Parkview Services provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Parkview Services in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature \_\_\_\_\_

Date \_\_\_\_\_



**Authorization for Release of Information**

I hereby authorize Parkview Services to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Borrower (printed) \_\_\_\_\_

Borrower (signed) \_\_\_\_\_ Date \_\_\_\_\_

Counselor (signed) \_\_\_\_\_ Date \_\_\_\_\_



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### Authorization to Release Information To Servicer

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

RE: \_\_\_\_\_

Lender:

Loan Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Borrower(s):

\_\_\_\_\_  
\_\_\_\_\_

Properly Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam:

I am working with Parkview Services, a Washington State Housing Finance Commission approved counseling agency, on a plan to resolve my mortgage delinquency. I hereby authorize you to release any and all information concerning my account to Parkview Services at their request.

I further authorize you to discuss my case with Marc Cote, Marnie Claywell, or Loren Shekell with Parkview Services and Dee Taylor or Lisa DeBrock with the Washington State Housing Finance Commission. They are working to help me address my financial hardship and to propose a loss mitigation plan which is within your guidelines.

At the present time, I am requesting you to complete the Request for Loan Information that accompanies this letter. Please return it to Marc Cote or Marnie Claywell, by faxing 206.542.6608, no later than 7 business days from the above date. All future requests may be released to the Parkview Services without further authorization.

Thank you for taking the time to answer this request.

Sincerely,

**Signature(s):** \_\_\_\_\_ SSN#: \_\_\_\_\_

\_\_\_\_\_ SSN#: \_\_\_\_\_

cc: Parkview Services attachments







**HOME OWNER INFORMATION WORKSHEET (PAGE 1)**  
**HOME OWNER INFORMATION**

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**Homeowner A**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address ( \_\_\_\_\_

Homeowner SSN \_\_\_\_\_ Homeowner DOB \_\_\_\_\_

Employer 1 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Employer 2 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

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**Homeowner B**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address ( \_\_\_\_\_

Homeowner SSN \_\_\_\_\_ Homeowner DOB \_\_\_\_\_

Employer 1 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

Employer 2 \_\_\_\_\_

Title \_\_\_\_\_ How Long? \_\_\_\_\_

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All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

\_\_\_\_\_  
*Homeowner (A) Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Homeowner (B) Signature*

\_\_\_\_\_  
*Date*





**HOME OWNER INFORMATION WORKSHEET (PAGE 3)**  
**MORTGAGE INFORMATION**

	First Mortgage	Second Mortgage	Third Mortgage
<b>Loan Info</b>			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Paid Through Date			
Delinquent Amount			
Outstanding Balance			
<b>Loan Type</b>			
Sub-prime			
FHA			
VA			
Insured Conventional			
Uninsured Conventional			
Mortgage Insurance Co			
Rural Development			
Contract for Deed			
Other:			
<b>Loan Terms</b>			
Fixed Rate			
Adjustable Rate			
Hybrid ARM (2/28)			
Interest Only			
Option ARM			
40/30 Balloon			
80/20			
Deferred			
Balloon			
Other:			
<b>Escrow Account Info</b>			
Taxes Escrowed (Y/N)			
Past Due Taxes			
Insurance Escrowed (Y/N)			
Past Due insurance			
<b>Homeowner Association (HOA) Info</b>			
Name Of HOA			
Monthly Assessment			
Paid Through Date			
Amount Outstanding			
<b>Previous Workouts</b>			
Type of Workout			
Date of Workout			
Completed? (Y/N)			



**HOME OWNER INFORMATION WORKSHEET (PAGE 4)**  
**HOUSEHOLD AND PROPERTY INFORMATION**

Household Information	
Total Number in Household	
Number of Adults Over 18	
Number of Children	
Ages of Children	

Property Information	
Type of Property	<input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo <input type="checkbox"/> Cooperative <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other
Property Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Year Built	
Date Purchased	
Number of Refinances	
Tax Assessed Value	
Currently for Sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List Price	
Real estate agent	
Real estate Firm	
RE Agent's Phone Number	
RE Agent's Email	
Time on Market	
HO Insurance Co	
Insurance Agent	
Insurance Agent Phone Number	
Insurance Agent Email	



**HOME OWNER INFORMATION WORKSHEET (PAGE 5)**  
**EMPLOYMENT AND INCOME INFORMATION**

Employment Information	Homeowner A	Homeowner B
Employer 1		
Job Title		
Length of Employment		
Expected Raise or Bonus?		
Expected Work Reduction?		
Employer 2		
Job Title		
Length of Employment		
Expected Raise or Bonus?		
Expected Work Reduction?		
Employer 3		
Job Title		
Length of Employment		
Expected Raise or Bonus?		
Expected Work Reduction?		

Household Monthly Income	Gross	Net	Verification
Homeowner (A) Employer (1)	\$	\$	
Homeowner (A) Employer (2)	\$	\$	
Homeowner (B) Employer (1)	\$	\$	
Homeowner (B) Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child Or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental Properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Governmental Income Assistance	\$	\$	
Child Care Assistance	\$	\$	
Housing Assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
<b>Total Household Income</b>	<b>\$</b>	<b>\$</b>	



**HOME OWNER INFORMATION WORKSHEET (PAGE 6)**  
**MONTHLY SPENDING PLAN**

Monthly Expense	Current	Delinquency	Adjusted	Crisis
<b>Fixed Expenses</b>				
<b>Housing</b>				
Mortgage(s)				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
<b>Transportation</b>				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
<b>Insurance</b>				
Health ( <i>medical and dental, if not payroll deducted</i> )				
Life				
Disability				
Other:				
<b>Childcare</b>				
Childcare or Babysitters				
Child Support or Alimony				
<b>Fixed Expenses Sub-Total</b>				

<b>Periodic Fixed Expenses (Divide annual payment by 12)</b>				
<b>Housing</b>				
Homeowners Insurance ( <i>if not in mortgage payment</i> )				
Taxes ( <i>if not in mortgage payment</i> )				
Water or Sewage				
Trash Service				
Other:				
<b>Transportation</b>				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates and Registration Fees				
Other:				
<b>Periodic Fixed Expenses Sub-Total</b>				



### HOME OWNER INFORMATION WORKSHEET (PAGE 7) MONTHLY SPENDING PLAN

Monthly Expense	Current	Delinquency	Adjusted	Crisis
<b>Flexible Expenses</b>				
<b>Food</b>				
Groceries				
School Lunches				
Work-Related (lunches and snacks)				
Other:				
<b>Housing</b>				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
<b>Medical</b>				
Doctor				
Dentist				
Prescriptions				
Other:				
<b>Savings</b>				
Savings Account				
College Funds				
Emergency Fund				
<b>Clothing</b>				
Clothing				
Laundry and Dry Cleaning				
Other:				
<b>Education</b>				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (sports, dance, music)				
Other:				
<b>Donations</b>				
Religious or Charity				
<b>Gifts</b>				
Birthdays				
Major Holidays				
Other:				
<b>Personal</b>				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
<b>Entertainment</b>				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Other				



**HOME OWNER INFORMATION WORKSHEET (PAGE 8)**  
**MONTHLY SPENDING PLAN**

Monthly Expense		Current	Delinquency	Adjusted	Crisis
<b>Flexible Expenses</b>					
	Restaurants and Take-Out Meals				
	Gambling or Lottery Tickets				
	Fitness or Social Clubs				
	Vacations/Trips				
	Hobbies or Crafts				
	Other:				
<b>Miscellaneous</b>					
	Checking Account or Money Order Fees				
	Pet Care or Supplies				
	Postage				
	Pictures and Photo Processing				
	Other:				
<b>Flexible Expenses Sub-Total</b>					

Monthly Debts					
	Student Loan				
	Credit Card (monthly minimum*)				
	Credit Card (monthly minimum*)				
	Credit Card (monthly minimum*)				
	Credit Card (monthly minimum*)				
	Credit Card (monthly minimum*)				
	Credit Card (monthly minimum*)				
	Medical Bills				
	Personal Loan				
	Payday Loan(s)				
	Rent to Own Contract				
	Income Tax Payment Plan				
	Other:				
	Other:				
<b>Monthly Debts Sub-Total</b>					

Income/Debt Summary		
1	Monthly Household Income (Page 5)	\$
2	Fixed Expenses Sub-Total (Page 6)	\$
3	Periodic Fixed Expenses Sub-Total (Page 6)	\$
4	Flexible Expenses Sub-Total (Page 8)	\$
5	Monthly Debt Sub-Total (Page 8)	\$
6	Total Monthly Expenses and Debts (2+3+4+5)	\$
7	Monthly Deficit or Surplus (1 – 6)	\$



**HOME OWNER INFORMATION WORKSHEET (PAGE 9)**  
**ASSETS**

<b>Household Assets</b>		
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand Over \$100		
Checking Account		
Savings Account		
Anticipated Tax Refunds		
Money Market Funds		
Stocks/Bonds/CDs/Annuities		
IRA / Keogh Accounts		
Computer/TV/Electronics		
Furniture		
Boats / Jet Skis		
RV/ Recreational Homes		
Motorcycles / Snowmobile		
Farm Equipment		
Trailers		
Other Property		
Other:		

**Please read carefully:** As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*