



CLIENT		SPOUSE	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
WORK PHONE NUMBER WITH AREA CODE		WORK PHONE NUMBER WITH AREA CODE	
CELL PHONE NUMBER WITH AREA CODE		CELL PHONE NUMBER WITH AREA CODE	
MAILING ADDRESS			
PROPERTY ADDRESS			
Number of Dependants:	Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it a Rental? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide copy of lease agreement.	
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the listing agreement.		Agents name: Agents phone:	
Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/>		Counselors Name: Counselors Phone:	
Do you pay Real Estate Taxes outside of your mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of your tax statement.		Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/>	Filing Date:	
Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge paper.			
INVOLUNTARY INABILITY TO PAY			
I (We), _____, am/are requesting that the Federal Home Loan Mortgage Corporation (Freddie Mac) review my/our financial situation to determine if I/we qualify for a workout option.			
I am having difficulty making my monthly payment because of financial difficulties created by: (Please check all that apply.)			
<input type="checkbox"/> Abandonment of Property	<input type="checkbox"/> Excessive Obligation	<input type="checkbox"/> Military Service	
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Fraud	<input type="checkbox"/> Payment Adjustment	
<input type="checkbox"/> Casualty Loss	<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Payment Dispute	
<input type="checkbox"/> Curtailment of Income	<input type="checkbox"/> Illness of Mortgagor	<input type="checkbox"/> Property Problems	
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Title Problems	
<input type="checkbox"/> Death of Mortgagor	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Transferring Property	
<input type="checkbox"/> Distant Employment Transfer	<input type="checkbox"/> Marital Difficulties	<input type="checkbox"/> Unemployment	
I believe that my situation is: <input type="checkbox"/> Short term <input type="checkbox"/> Long term <input type="checkbox"/> Permanent			
I want to: <input type="checkbox"/> Keep my house <input type="checkbox"/> Sell my house			
<b><i>Please provide a detailed explanation of the hardship on a separate sheet of paper.</i></b>			
If there are additional Liens/Mortgages or Judgments on this property, please name the person, company or firm and their respective telephone numbers.			
Lien Holder's Name	\$		
			.Telephone Number
Lien Holder's Name	\$		
		.Balance	.Telephone Number
Borrower's Signature	Date	Co-Borrower's Signature	Date



<b>EMPLOYMENT</b>			
EMPLOYER - BORROWER	HOW LONG?	EMPLOYER - CO-BORROWER	HOW LONG?
<b>Monthly Income - Borrower</b>		<b>Monthly Income - Co-Borrower</b>	
Wages	\$	Wages	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support / Alimony	\$	Child Support / Alimony	\$
Disability Income	\$	Disability Income	\$
Rents Received	\$	Rents Received	\$
Other	\$	Other	\$
Less : Federal and State Tax, FICA	\$	Less : Federal and State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$	Less: Other Deductions (401K, etc.)	\$
* * * * * <b>ALL INCOME NEEDS TO BE DOCUMENTED</b> * * * * *			
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>
<b>Monthly Expenses</b>		<b>Assets</b>	
Other Mortgages / Liens	\$	<b>Type</b>	<b>Estimated Value</b>
Auto Loan(s)	\$	Checking Account(s)	\$
Auto Expenses / Insurance	\$	Saving / Money Market	\$
Credit Cards / Installment Loan(s)	\$	Stocks / Bonds / CDs	\$
Health Insurance	\$	IRA / Keogh Accounts	\$
Medical	\$	401k / ESPO Accounts	\$
Child Care / Support / Alimony	\$	Home	\$
Food / Spending Money	\$	Other Real Estate	# \$
Water / Sewer / Utilities / Phone	\$	Cars	# \$
Other	\$	Other	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

“I agree as follows: Vanderschuit Law Group may discuss, obtain and share information about my mortgage and personal financial situation, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible alternative financial solutions will not constitute a waiver of or defense to my lender’s right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status.”

Submitted this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_

By \_\_\_\_\_  
Client Signature

By \_\_\_\_\_  
Client Signature

*Before Faxing; make sure you have signed and dated the form and attached appropriate documentation.*