

Information Sheet

I (we) are interested in the following:

Repayment plan Loan Modification Short Sale Deed in Lieu

Loan Number: _____

Property Address: _____

City, State, Zip: _____

Is the property currently listed for sale? Yes No

Agent's Name: _____ Agent's phone: _____

Current List Price: _____ Days on Market: _____

First Borrower Name: _____

Social Security Number: _____

Mailing Address: _____

Date of Birth: _____

City, State, Zip: _____

Home Phone: _____

Total Persons at this address: _____

Work Phone: _____

Total Children at this address: _____

Name of Employer: _____

Time of Employment: Years: _____ Mos.: _____

Second Borrower Name: _____

Social Security Number: _____

Mailing Address: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Total Persons at this address: _____

Name of Employer: _____

Total Children at this address: _____

Time of Employment: Years: _____ Mos.: _____

<u>LIABILITIES</u>	<u>PAYMENT PER MONTH</u>	<u>BALANCE DUE</u>
ALIMONY/CHILD SUPPORT		
CHILD CARE		
MORTGAGE PAYMENT		
RENT		
OTHER MORTGAGE (S)		
PERSONAL LOAN (S)		
MEDICAL EXPENSES		
HOA FEE/DUES		
CREDIT CARDS		

<u>INCOME</u>	<u>GROSS</u>	<u>NET</u>
MONTHLY BORROWER ONE		
MONTHLY BORROWER TWO		
ADDITIONAL INCOME (NOT WAGES) SOURCE		

<u>ASSET TYPE</u>	<u>ESTIMATED VALUE</u>
HOME	
OTHER REAL ESTATE	
CHECKING ACCOUNTS	
SAVINGS/MONEY MARKET	

<u>ASSET TYPE</u>	<u>ESTIMATED VALUE</u>
IRA/KEOGH ACCOUNTS	
401K/ESOP ACCOUNTS	
STOCKS, BONDS, CD	
OTHER INVESTMENTS	
TOTAL ASSETS	

Reason for Delinquency: _____

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any actions taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate.

Submitted this _____ day of _____ year _____

By: _____

Upon completion, please mail to the address below. In addition to the application, the following information should be included:

1. Provide a brief letter outlining the reason for the request
2. Copies of the last two months of recent bank statements
3. Copies of the last two W2's for each person employed
4. Copies of the last two pay stubs for each person employed

MorEquity
Attn: Loss Mitigation
600 N. Royal Ave.
Evansville, IN 47715
Or Fax This Information to:
(812) 475 7074