

# Modification Program

## Fax Application to: 1-877-303-2158

BORROWER FINANCIAL STATEMENT    LOAN# \_\_\_\_\_

Borrower				Co-Borrower			
Borrower's Name:				Co-Borrower's Name:			
Social Security#:	Home Phone#:	Work Phone#:		Social Security#:	Home Phone#:	Work Phone#:	
Mailing Address:				Property Address:			
Do you occupy the property? Yes    No	Is it a Rental? Yes    No	If so, what is the monthly rental Income?		Is the property listed for sale? Yes    No	If so, with whom?		
Cell Phone #: _____ / _____				Lenders Name:			
How Many People In House: _____				Loan Number: _____			
Have you contacted a credit counseling service for help? Yes    No		Do you pay Real Estate Taxes: (outside of mortgage payments) Yes    No ( if so how much )		Are the taxes current? Yes    No			
Have you filed Bankruptcy? Yes    No	If Yes, Chapter 7 Chapter 13	Filing Date: _____		Attorney's Name: _____		Are there other liens on the Property? Yes    No	
<b>Employment</b>							
Borrower's Employer: _____		How Long? _____		Co-Borrower's Employer: _____		How Long? _____	
Monthly Income - Borrower				Monthly Income - Co-Borrower			
Wages - <b>(Gross)</b>	\$			Wages - <b>(Gross)</b>	\$		
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>(Net) Total :</b>		\$		<b>(Net) Total :</b>		\$	
Monthly Expenses (All Borrowers)				Assets & Liabilities (All Borrowers)			
Mortgages / Liens	\$			<b>Type</b>		<b>Estimated Value / Amount Owed</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 / ESOP Accounts		\$ /	
Child Care / Support / Alimony	\$			Home		\$ /	
Food / Spending Money	\$			Other Real Estate #		\$ /	
Water / Sewer / Utilities / Phone	\$			Car #		\$ /	
Other	\$			Less: Other Deductions (401K, etc.)		\$ /	
Total :		\$		Total :		\$ /	

Foreclosure Dept. / Homeowners Assistance  
**LMHC, Inc.**  
 8224 White Settlement Rd. #201  
 Fort Worth, TX 76108  
 Office: 1-877-338-0872  
 Fax: 1-877-303-2158

By \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Borrower

By \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Co-Borrower