

FAX COVER SHEET

Date

HOMEOWNER FINANCIAL ANALYSIS

TO: CTX MORTGAGE CO., LLC- Loss Mitigation Dept.

FAX NUMBER: 214-276-8559

The following documentation is included (please check all that apply):

- Financial Analysis Form**
- Letter of explanation for the cause of default signed by mortgagor.**
- Copies of two recent pay stubs for each borrower, or if self employed provide copies of your latest tax return and a current profit and loss statement.**
- Copy of listing agreement.**
- Copy of the sales contract, if available.**
- Copy of the estimated settlement statement (HUD 1), if available.**
- Authorization to speak to your real estate agent (see third party authorization form).**

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FINANCIAL ANALYSIS FORM

Loan #:		
Borrower:	Res. Tel. #:	Work Tel. #:
Best number/ time to call:		
Co-Borrower:	Res. Tel. #:	Work Tel. #:
Best number/ time to call:		
Property Address:		
City:	State:	Zip Code:
Current Address (if different from property address – Do not use Post Office Box):		
City:	State:	Zip Code:

Total number of individuals in your household: _____
 How much money is currently available towards a workout? _____
 Is your home listed for sale? If yes, what is the list price? _____
 What is your agent's name and telephone number? _____
 Is the property occupied? _____

Borrower Employment History	Co-Borrower Employment History
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
How Long?: _____	How Long?: _____
Present Employer:	Present Employer:
If self-employed, name of co.:	If self-employed, name of co.:

Description	Monthly Income		Total
	Borrower	Co-Borrower	
Net Salary/Wages	\$	\$	\$
Unemployment Income	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Disability Income	\$	\$	\$
Rental Income	\$	\$	\$

Assets/Liabilities – If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA/401K/Keogh Accounts	\$	\$	\$
Stocks/Bonds/CD's	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$

Totals	\$	\$	\$
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Expenses

Description	Monthly Payment	Balance Due	Delinquent	Yes	No
First Mortgage Lender:	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Other Mortgages/Liens/Rents	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Alimony/Child Support	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Homeowners Assoc. Dues	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Property Taxes	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Medical Expenses	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Child Care	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Credit Card/Installment Loans	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Credit Card/Installment Loans	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Student Loans/ Personal Loans	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Loan(s)	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Expenses/Gasoline/Insurance	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Food/ Household Supplies	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer/Utilities/Phone(s)/ Cable	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Other	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>

FINAL INSTRUCTIONS:

1. Review the Financial Analysis form to make sure it is correct.
2. Please sign and date this form.

I understand and realize that the financial information being provided will be used by the lender and/or the insurer of the Mortgage to analyze my options with respect to the Mortgage. I further understand and acknowledge that any action taken by the lender and/or the insurer of my Mortgage on my behalf will be made in strict reliance on the financial information I provided herein. I understand by signing this Financial Analysis form authorizes you as the Lender to obtain a credit report.

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

Signature of Borrower

Date

Signature of Borrower

Date

**Third Party Authorization and
Agreement to Release**

THIS FORM IS REQUIRED IF YOU WANT US TO SPEAK TO ANYONE OTHER THAN YOURSELF REGARDING YOUR ACCOUNT. THIS INCLUDES SPOUSES NOT ON THE MORTGAGE NOTE, REAL ESTATE AGENTS, COUNSELING AGENCIES, FAMILY MEMBERS OR FRIENDS HELPING YOU APPLY FOR A WORKOUT.

Loan # _____

Name(s): _____

Property Address: _____

For the purpose of assisting in pursuing and negotiating a loss mitigation alternative, I do hereby authorize _____ (my lender/mortgage servicer) to release or otherwise provide to	
_____ of _____ Name Company (if applicable)	in his/her capacity as
_____	_____
Relationship (if applicable)	Phone #
public and non-public personal financial information contained in my loan account which may include, but is not limited to; loan balances, final payoff statement, loan status, payment history, payment activity, and/or property information.	
We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3 rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.	
I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to be that requestor.	

If you agree to this Authorization and the terms of the Release as stated above, please sign and date below and include it with your completed financial form.

NOTE: No information concerning your account can or will be provided until we have received this executed document. All parties on the Mortgage must sign.

Printed Customer Name

Printed Customer Name

Date

Customer Signature

Customer Signature

Date