

# NAF MODIFICATION COMPANY

NO ADVANCE FEES MODIFICATION COMPANY

## FINANCIAL RESOLUTION PROGRAM

**Dear Client:**

**WE WANT TO FIND A WAY TO HELP YOU.**

If you are suffering a hardship due to loss of employment, reduction of income, illness, Interest rate adjusting or any other unexpected events, please read the following.

To better assist you, each Client is required to submit the information set forth below.

### **Wage Earner Borrower**

- Lender Correspondence (example: Default Letter)
- Mortgage Statements(s) or coupons
- Hardship Letter (**write some points of your situation only**)
- Personal Financial Statement (Enclosed)
- Current Homeowners Insurance Policy(Non-Escrowed)
- Current and/or Delinquent Property Tax Information(Non-Escrowed)
- Copies of 2 recent pay stubs
- 2008 W-2 forms
- 2008 Income Tax Returns
- Complete bank statements for the last two months
- Social Security Income (Award Letter)
- Spousal and/or Child Support Income(Statement)
- Any Other Income
- Rental Agreement(s)
- Proof of occupancy(Recent Utility Bill In Your Name At Property Address)
- Complete and signed Applications and Contract(s)

### **Self-Employed Borrower**

- Lender Correspondence (example: Default Letter)
- Mortgage Statements(s) or coupons
- Hardship Letter (write some points of your situation)
- Personal Financial Statement (Enclosed)
- Copy of Business License
- Current Homeowners Insurance Policy(Non-Escrowed)
- Current and/or Delinquent Property Tax Information(Non-Escrowed)
- Complete personal and business bank statements for the last six months(All Pages)
- 2008 Income Tax Returns (all pages)
- Supplemental Income
- Rental Agreement(s)
- Proof of occupancy(Recent Utility Bill In Your Name At Property Address)
- Complete and signed Applications and Contract(s)

Additional information and documentation may be required for some forms of assistance.

## FINANCIAL RESOLUTION PROGRAM

Borrower full Name: \_\_\_\_\_

Co-Borrower full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Property Address: _____	Mailing Address (if different) _____
_____	_____
_____	_____

### CLIENT QUESTIONNAIRE

1. Date of Purchase? \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Date of last Refinance? \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What was your original Note Rate? \_\_\_\_%

4. Do you have a current Modification Open with your Lender(s)? Yes \_\_\_ No \_\_\_

5. Have you applied for a Loan Modification in the past? Yes \_\_\_ No \_\_\_

If Yes, Date \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Have you filled for Bankruptcy in the past? Yes \_\_\_ No \_\_\_

Date of Bankruptcy Filing \_\_\_\_/\_\_\_\_/\_\_\_\_

Bankruptcy Chapter Type \_\_\_\_\_

7. Are you currently enrolled with Credit Counseling? Yes \_\_\_ No \_\_\_

8. Do you have any other debts or obligations secured by this property? Yes \_\_\_ No \_\_\_

If Yes, please itemize these debts or obligations below:

Debt/Obligation \_\_\_\_\_ Amount \_\_\_\_\_

Debt/Obligation \_\_\_\_\_ Amount \_\_\_\_\_

9. What is the amount of funds you immediately have available to apply toward your mortgage delinquency?  
\$ \_\_\_\_\_

In addition to the amount stated above, what amount will you have available in 30 days? \$ \_\_\_\_\_

10. Do you occupy this property as a Primary Residence? Yes \_\_\_ No \_\_\_

If Yes, for how long have you lived at this residence? Years: \_\_\_\_\_ Months: \_\_\_\_\_

11. Is the property for sale? Yes \_\_\_ No \_\_\_

If Yes, Original List Date: \_\_\_/\_\_\_/\_\_\_

Original List Price: \$\_\_\_\_\_ Current List Price: \$\_\_\_\_\_

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

Realtor Phone: \_\_\_\_\_

12. Is the property for rent? Yes \_\_\_ No \_\_\_

If Yes, Monthly Rent: \$\_\_\_\_\_

Date Lease Expires: \_\_\_/\_\_\_/\_\_\_

13. How many people reside in the household? \_\_\_\_\_

14. Do you have dependents under the age of 18? Yes \_\_\_ No \_\_\_

If Yes, how many? \_\_\_\_\_

15. Do you own any other properties? Yes \_\_\_ No \_\_\_ How Many? \_\_\_\_\_

If yes, please complete the following items:

Principal Balance \$\_\_\_\_\_ Monthly Payment: \$\_\_\_\_\_

Is this property currently vacant? Yes \_\_\_ No \_\_\_

If No, Rental Income: \$\_\_\_\_\_

### Monthly Income

*Borrower*

*Co-Borrower*

Salary/ Wages \$\_\_\_\_\_

Salary/ Wages \$\_\_\_\_\_

Other Income \$\_\_\_\_\_ (Please explain)\_\_\_\_\_

Other Income \$\_\_\_\_\_ (Please explain)\_\_\_\_\_

Other Income \$\_\_\_\_\_ (Please explain)\_\_\_\_\_

## Monthly Expenses

	<i>Monthly Payment</i>	<i>Balance Due</i>	<i>Months Delinquent</i>
1. Primary Home Mortgage	\$ _____	\$ _____	_____
2. Taxes on Primary Home (if not included in #1)	\$ _____	\$ _____	_____
3. Insurance on Primary Home (if not included in #1)	\$ _____	\$ _____	_____
4. Homeowners Association Fee (HOA) (if not included in #1)	\$ _____	\$ _____	_____
5. Equity Line/2 <sup>nd</sup> Mortgage	\$ _____	\$ _____	_____
6. Other Mortgages	\$ _____	\$ _____	_____
7. Automobile Loans	\$ _____	\$ _____	_____
8. Other Loans (Personal/student/installment /personal and etc.)	\$ _____	\$ _____	_____
9. Credit Card (Only minimum payments)	\$ _____	\$ _____	_____
10. Alimony/ Child support	\$ _____	\$ _____	_____
11. Child/Dependant Care	\$ _____	\$ _____	_____
13. Hospital Bills	\$ _____	\$ _____	_____
14. Any Liens	\$ _____	\$ _____	_____
15. Other	\$ _____	\$ _____	_____
16. Other	\$ _____	\$ _____	_____

## Monthly Expenses Continue

	Monthly Payment
Water	\$ _____
Electricity	\$ _____
Gas	\$ _____
Cable	\$ _____
Telephone	\$ _____
Internet	\$ _____

*Insurance:*

Auto \$ \_\_\_\_\_

Health \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_  
(uninsured)

Food \$ \_\_\_\_\_

Car Expenses \$ \_\_\_\_\_  
(gas, maintenance,  
parking, etc.)

Personal Entertainment: \$ \_\_\_\_\_

Other Monthly Expenses (Explain) \$ \_\_\_\_\_

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Other Monthly Expenses (Explain) \$ \_\_\_\_\_