PART 2

FINANCIAL PACKAGE

PART 2 TABLE OF CONTENTS

S	Financials Check	st	1	Check off supplied items
т	Mortgage Info/CIC Checklist	Please fill out to the best of your knowledge	1	Sign at bottom
U	PAST DUE HOA	If HOA dues are delinquent, attach most recent demand statement		
V	Financial Worksh	Please fill out to the best of your knowledge	2	Sign at bottom of last page
w	Hardship Letter			
X	Request for:	Two Months Mortgage Statement		
		Two Months Statements for All Checking Account	s (al	l borrowers if separate)
		Two months saving account statements (all borrow	ers if	f separate)
		Two months other account statements (all borrowe	rs if s	separate)
		Last two paycheck stubs (all borrowers)		
		Two years tax returns plus signed IRS 4506-T form (authorizing lender to verify tax returns)		
	Y Dodd Frank Ce	rtification Please fill out to the best of your knowledge		1 Sign at bottom
	Z Utility Agreem	nt Please fill out to the best of your knowledge		1 Sign at bottom

Please fill out to the best of your knowledge

Z1

Do Not Call

1 Sign at bottom

CDPE HOMEOWNER'S DOCUMENT CHECKLIST

Date:	Owner:		
Address:			
Prepared by:			
Phone:		Fax:	

In order to have the opportunity to negotiate with your lender we will need to have the following documentation. Please note, when we get a contract we may need updates on each item so please make certain you set aside statements and paycheck stubs as you get them.

HOA/Morgtage Information Sheet
☐ If HOA dues are delinquent, please provide demand statement
Financial Worksheet (provided)
Hardship Letter
Two months most recent mortgage statements (all mortgages)
Two months checking account statements (all borrowers if separate)
Two months saving account statements (all borrowers if separate)
\Box Two months other account statements (all borrowers if separate)
Last two paycheck stubs (all borrowers)
Two years tax returns
Other
Other

FAX THE ABOVE ITEMS TO
ATTENTIONKristina Woolf
1-866-500-7761

0

Or Email to: Kristina@YourproTC.com

RE/MAX ADVANTAGE CIC & MORTGAGE INFORMATION CHECKLIST

Property Address:

Lender # 1: Loan #: Lender Phone: Pre-payment Penalty? Appx Balance: Payments Current? In Foreclosure? If yes, Bank # & contact:	YES 🗌 NC YES 🔲 NC YES 🔲 NO		Lender # 2: Loan #: Lender Phone: Pre-payment Penalt Appx Balance: Payments Current? In Foreclosure? If yes, Bank # & conta	YES	s □ NO □ NO □ NO □
Probate?					
FIODALES		YES N			
Bankruptcy?	,	YES 🗌 N	0		
Title in Trust	-?	YES 🔲 N	0		
		YES 🔲 N	٥D		
copy of fid.	st cenneate:				
Name of Spouse if not on	Title:				
Is there a LID	/SID?	YES 🗆 NO			
Is there a CIC	Assoc?	YES 🗆 NC) 🗆		
Is there a CIC	Assesment?	YES 🗖 NO) []		
Association Name:					
Name & Number of Assoc. N	lanagement	Co:			
Are CIC payments c	urrent?	YES 🗆 M			
Any CIC litigations?	,	YES 🔲 🛚	10 🗌		
Will power of attorr	ney be used?	YES 🔲 N	10 🗌		
Is the owner a US cit	tizen?	YES 🔲 🕅	10 🗆		
If no is the owner a re	esident alien?		10 🗆		

*Note that if an offer is accepted, the owner will need to pay for the HOA resale packet and the HOA demand letter with an average cost of \$300-\$500

MY HOA DUES ARE PAID UP TO DATE

MY HOA DUES ARE PAST DUE, DELINQUENT DUES STATEMENT IS ATTACHED



ATTACH HOA DEMANDFOR ALL DELINQUENT AMOUNTS OWED TO YOUR ASSOCIATION IF YOU ARE BEHIND ON PAYMENTS!

CDPE HOMEOWNER FINANCIAL WORKSHEET



Borrower Name

Т

Co-Borrower Name

1st Loan Number

2nd Loan Number

INCOME - TAKE HOME PAY

	DEBTOR	CO-DEBTOR	TOTAL	
Primary Job				
Misc. Income Overtime				
Part Time Job (net)	······			
Retirement-Military				
Retirement-Civil Serv.				
Support/Alimony				
Social Security				
Room & Board/Rent				
TOTAL Net Income :	\$	\$		
How often is Borrower How often is Co-Borrower		Week 📄 Every 2 Week Week 🗇 Every 2 Week		

EXPENSES

	MONTHLY PAYMENT	BALANCE	NAME OF CREDITOR
Home Mortgage			
2nd Mortgage			
Auto loan			
Auto loan			
Creditor			
Student loan			
Alimony/Support			
Child Care			
IRS			
CH 13			
Electricity			
Heating fuel			Oil or Natural Gas
Water& Sewer			
Telephone			
Cable TV			
Auto Insurance			
Health Insurance			Paid directly (not by employer)
Life Insurance			Paid directly (not by employer)
Medical/Dental Exp.			



CDPE HOMEOWNER FINANCIAL WORKSHEET

Homeowners Insurance		Only list here if not in Mortgage F	ayment
Real Estate Tax		Only list here if not in Mortgage F	ayment
Personal Property Tax		Applies only in some States	
Groceries			
School Lunches			
Transportation, Parking, Toll	s		
Clothing			
Dry cleaning/Laundry			
Cell Phone			
Internet service			
Homeowners Assn. Dues			
Recreation/Spending Money	X		
Charitable donations			
Other Expenses			
TOTAL MONTHLY EXPENSES:	\$	\$	
A. Total Monthly Income:	\$	\$	
B. Total Monthly Expenses:	\$	<u> </u>	
C. Residual Income:	÷		
C. Residual Income:	Ļ	```	
Balance in 401K:		Cash Value of Stocks:	
Balance in IRA:		Other Valuables to be sold:	
Cash on Hand:		Other Mics. Assets:	

I/We have described my/our financial condition in the enclosed Financial Status Report and certify that all information, as well as all Attachments, is true, accurate and correct to the best of my/our knowledge. I/ we understand that submission of this information in no way obligates my lender, servicer, Veterans Affairs, FHA/ HUD, the investor, the Mortgage Insurers, (Agent) or (BROKERAGE) to provide assistance to me or stop the foreclosure process.

I/We hereby authorize my/our lender, servicer, Veterans Affairs, FHA/HUD, the investor or the Mortgage Insurers to

- 1. Order a credit report from any credit reporting agency.
- 2. Order a title search from any title agency.
- 3. Verify the accuracy of the information contained in this Financial Status Report, including without limitation, any current or previous employment information.

I/We agree that I/we will notify the AGENT and BROKERAGE mentioned above, my lender, Veterans Affairs, FHA/ HUD, the investor, or the Mortgage Insurers immediately of any material change in the financial information that I/We have provided herein. If I/we fail to do so, or if it is determined that the financial information provided herein has been misrepresented by me, and lender, servicer, Veterans Affairs, FHA/HUD, the investor or the

mortgage insurers makes decisions which would not have been made had the true facts been known, then (1) I shall be liable for all costs (fees) incurred or damages suffered by lender, servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers or AGENT and BROKERAGE above and (2) lender, Servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers and/or AGENT shall have the right, in its sole discretion, to terminate any arrangement or agreement that has been extended to me based, in whole or in part, on the

inaccurate or incomplete information that I/We have provided.

Borrower Signature	Date	Co-Borrower Signature	Date
Print Seller's Name		Print Seller's Name	
			page 2 of 2



SELLER HARDSHIP LETTER

Date:

U

Lender:

Attn: Loss Mitigation

RE: Hardship Letter

Account Number:

To Whom It May Concern:

Sincerely,



ATTACH THE FOLLOWING:



TWO MONTHS MORTGAGE STATEMENTS TWO MONTHS CHECKING ACCOUNT STATEMENTS TWO MONTHS SAVINGS ACCOUNT STATEMENTS TWO MONTHS "OTHER" ACCOUNT STATEMENTS LAST TWO PAYCHECK STUBS TWO YEARS TAX RETURNS

	45	Λ	6-	Т
Form	TJ	U	U	

Request for Transcript of Tax Return

 ${\scriptstyle \odot}$ Do not sign this form unless all applicable lines have been completed.

(Rev. January 2008)

Read the instructions on page 2. © Request may be rejected if the form is incomplete, illegible, or any required Department of the Treasury Internal Revenue Service

line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a

transcript. If you need a copy of your return	n, use Form 4506, Request for Copy of Tax	Return. There	e is a fee to get a copy of your return.

	Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a	If a joint return, enter spouse's name shown on tax return	^{2b} Second social security number if joint tax return
3	Current name, address (including apt., room, or suite no.), city, state, and ZIP coc	le
4	Previous address shown on the last return filed if different from line 3	
5	If the transcript or tax information is to be mailed to a third party (such as a morn number. The IRS has no control over what the third party does with the tax infor	
Cauti	ion: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, an	d lines 6 and 9 are blank.
6	Transcript requested. Enter the tax form number here (1040, 1065, 112 form number per request. \odot	20, etc.) and check the appropriate box below. Enter only one ta
а	Return Transcript , which includes most of the line items of a tax return as filed with 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form processed during the prior 3 processing years. Most requests will be processed within the prior series of the prior s	n 1120S. Return transcripts are available for the current year and returns
b	Account Transcript, which contains information on the financial status of the acco adjustments made by you or the IRS after the return was filed. Return information Account transcripts are available for most returns. Most requests will be processed w	n is limited to items such as tax liability and estimated tax payments.
c	Record of Account, which is a combination of line item information and later a years. Most requests will be processed within 30 calendar days	djustments to the account. Available for current year and 3 prior tax
7	Verification of Nonfiling, which is proof from the IRS that you did not file a ret days	urn for the year. Most requests will be processed within 10 business
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. T returns. State or local information is not included with the Form W-2 information. The Information for the current year is generally not available until the year after it is file not be available from the IRS until 2008. If you need W-2 information for retirement 1-800-772-1213. Most requests will be processed within 45 days	IRS may be able to provide this transcript information for up to 10 years. d with the IRS. For example, W-2 information for 2006, filed in 2007, will
	ion: If you need a copy of Form W-2 or Form 1099, you should first contact the paye nust use Form 4506 and request a copy of your return, which includes all attachments.	
9	Year or period requested. Enter the ending date of the year or period, using periods, you must attach another Form 4506-T. For requests relating to quarterl separately.	g the mm/dd/yyyy format. If you are requesting more than four years o
		/ / /

				Telephone number of taxpayer on line 1a or 2a
				()
Sign	©	Signature (see instructions)	Date	
Here	©	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	©	Spouse's signature	Date	



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd- Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower	Co-Borrower
I have not been convicted within the last	I have not been convicted within the last
10 years of any one of the following in connection with a mortgage or real	10 years of any one of the following in co
estate transaction:	a mortgage or real estate transaction:
(a) felony larceny, theft, fraud or forgery,	(a) felony larceny, theft, fraud or forgery,
(b) money laundering or	(b) money laundering or
(c) tax evasion	(c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Borrower Signature

Co-Borrower Signature

Date

years of any one of the following in connection with

Date

Utility Agreement

Owner of the property located at _

agrees and understands that all utilities to include water, electric, and gas must be kept on during the short sale period.

If you decide to disconnect these utilities for any extended period of time, you are at risk of cracked piping, dried out piping, dust build up in tour vents and air conditioning units, among various other costly damages to the property.

Utilities must be kept on for the buyer to be able to conduct their inspections and walk through according to the agreement.

Borrower

Date

Co-Borrower

Date

Please Do Not Contact Me by Phone

Property Address:	
1 st Lender:	2 nd Lender:
1 st Loan No:	2 nd Loan No:
by phone regarding my loan being in default. I this account. Please make any future communi-	ght to request that you, my Lender(s), not contact me do not wish to speak to any collection agents about cation with me in writing or if you must speak to my real Estate Agent who is assisting me in selling my s to used for the purpose of
Real Estate Agent:	
Real Estate Company:	
Phone:	
E-mail Address:	
Borrower Signature Date	e Borrower Signature Date
Print Name	Print Name
SS#:	SS#:
Date of Birth:	Date of Birth:



Υ

"Home of the most resourceful people in town"