

“Committed to Preserving The Dream Of Homeownership”

Documents Needed

These first set of documents are the ones you receive from us. Please fill them out completely, sign then x out the circle once you have completed.

- Client Information Sheet (fill out completely)
- Financial Assessment (fill out completely)
- Client Authorization Form (fill out completely)
- Payment Authorization Form (fill out completely)
- Hardship Letter (write, see example letter)

This second set of documents we need for your negotiation should be in your possession, please collect it then x out the circle to the left. Send us a copy, ALONG with the documents above via fax, email or mail.

- Current 1st Mortgage Statement
- Current 2nd Mortgage Statement (If Applicable)
- Last Two Months Pay Stubs
- Federal Income Tax Returns - Last 2 Years
- Bank Statements For Last Two Months
- Note on 1st Mortgage
- Note on 2nd Mortgage (If Applicable)

AUTHORIZATION TO RELEASE INFORMATION

Date _____

I/WE _____
OWNERS OF THE PROPERTY KNOWN AS

I HEREBY AUTHORIZE YOU TO DISCUSS MY REQUEST FOR PAYMENT ASSISTANCE OR TO NEGOTIATE A SHORT SALE WORKOUT WITH THE DESIGNATED AGENT.

VALLEY FINANCIAL, INC. – STACEY THORNE
(916) 788-1088

1ST MORTGAGE LENDER _____

LOAN NUMBER _____

2ND MORTGAGE LENDER _____

LOAN NUMBER _____

BORROWER NAME _____ DATE OF BIRTH _____

SIGNATURE _____ SSN _____

BORROWER NAME _____ DATE OF BIRTH _____

SIGNATURE _____ SSN _____

"Committed to Preserving The Dream Of Homeownership"

CLIENT INFORMATION SHEET

Date _____ Affiliate ID#: _____

Borrower(s): _____

Phone #: _____ Work #: _____ Cell #: _____

Email: _____ Fax#: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

(if different from residential address)

Subject Property: _____

City: _____ State: _____ Zip: _____

Estimated Home Value _____ Total Owed: _____

1st Lender _____ 2nd Lender: _____

Rate: _____ Rate: _____

Mortgage Payment: _____ Payment: _____

Program: _____ Program: _____

If Adjustable, when did/will it adjust: _____ If Adjustable, when did/will it adjust: _____

Month last payment was made: _____ Month last payment was made: _____

How much in arrears: _____ How much in arrears: _____

Currently Working (yes or no): _____ Total Income: _____ Savings: _____

Explain Hardship: _____

Expectations

1. _____

2. _____

3. _____

"Committed to Preserving The Dream Of Homeownership"

BORROWER FINANCIAL STATEMENT

BORROWER		CO-BORROWER	
BORROWER NAME::		CO-BORROWER:	
SSN:	DOB:	SSN:	DOB:
HOME PHONE NUMBER(BEST TIME TO CALL):		HOME PHONE NUMBER(BEST TIME TO CALL):	
WORK PHONE NUMBER (BEST TIME TO CALL):		WORK PHONE NUMBER (BEST TIME TO CALL):	
CELL PHONE NUMBER (BEST TIME TO CALL):		CELL PHONE NUMBER (BEST TIME TO CALL):	
MAILING ADDRESS:			
PROPERTY ADDRESS (IF SAME AS ABOVE ADDRESS, JUST WRITE THE SAME):		EMAIL:	
# OF DEPENDENTS:	DO YOU OCCUPY THE PROPERTY:	IS IT A RENTAL PROPERTY?__ YES __ NO IF Y OU HAVE LEASE AGREEMENT PLEASE PROVIDE	
IS THE PROPERTY FOR SALE? O YES/ O NO IF YES, PLEASE PROVIDE THE COPY OF THE LISTING AGREEMENT			
AGENTS NAME:	AGENTS PHONE #:	AGENTS EMAIL:	
HAVE YOU CONTACTED YOUR LENDER?	WHO DID YOU SPEAK WITH?	CONTACT PHONE #:	
DO YOU HAVE ANY MONEY SAVED UP FOR DOWN PAYMENT ON A REPAYMENT PROGRAM? HOW MUCH?		CAN YOU MAKE YOUR CURRENT MONTHLY MORTGAGE PAYMENT?	
CURRENT LOAN PROGRAM?	OF MONTHS BEHIND?	HOW MUCH ARE YOU BEHIND?	WHAT COULD YOU COMFORTABLY AFFORD MONTHLY ON YOUR MORTGAGE?
DO YOU PAY THE REAL ESTATE TAXES BILL OR DOES YOUR LENDER PAY IT FOR YOU O I DO O LENDER DOES IF YOU PAY IT PLEASE FORWARD A COPY OF POLICY. ARE THE TAXES CURRENT? O YES O NO			
DO YOU PAY FOR A HAZARD INSURANCE POLICY? O YES O NO IS THE POLICY CURRENT? O YES O NO IF YOU PAY IT, PLEASE PROVIDE A COPY OF THE POLICY?			

HAVE YOU FILED FOR BANKRUPTCY? YES NO IF YES CHAPTER 7 CHAPTER 13 FILING DATE: _____ HAS YOUR BANKRUPTCY BEEN DISCHARGED? YES NO IF YES, PLEASE SEND A COPY OF THE DISCHARGED SIGNED BY THE COURT.

I (WE), _____ AM/ARE REQUESTING THAT THE NEGOTIATION CORPORATION VALLEY FINANCIAL REVIEW MY/OUR FINANCIAL SITUATION TO DETERMINE IF WE QUALIFY FOR A WORKOUT OPTION. I AM HAVING DIFFICULTY MAKING MY MONTHLY PAYMENT BECAUSE OF FINANCIAL DIFFICULTIES CREATED BY (PLEASE CHECK NEXT TO ALL THAT APPLY).

- ABANDONMENT OF PROPERTY EXCESSIVE OBLIGATIONS MILITARY SERVICE OTHERS
- BUSINESS FAILURE FRAUD PAYMENT ADJUSTMENT
- CASUALTY LOSS ILLNESS IN FAMILY PAYMENT DISPUTE
- CURTAILMENT OF INCOME ILLNESS OF MORTGAGOR PROPERTY PROBLEMS
- DEATH IN FAMILY INABILITY TO RENT TITLE PROBLEMS
- DEATH OF MORTGAGOR INCARCERATION TRANSFERRING PROPERTY
- DISTANT EMPLOYER TRANSFER MARITAL DIFFICULTIES UNEMPLOYMENT

I BELIEVE THAT MY SITUATION IS: SHORT TERM LONG TERM PERMANENT

I WANT TO: KEEP THE PROPERTY SELL THE PROPERTY

PLEASE PROVIDE A DETAILED EXPLANATION OF HARDSHIP ON A SEPARATE SHEET OF PAPER.

IF THERE ARE ADDITIONAL LIENS/MORTGAGES OR JUDGMENT IN THIS PROPERTY, PLEASE PROVIDE THE NAME(S) OF THE PERSON, COMPANY OR FIRM, THEIR RESPECTED BALANCES AND PHONE CONTACT NUMBER.

LIENS HOLDER'S NAME

BALANCE/INTEREST RATE

PHONE#(W/AREA CODE)

LIEN HOLDER'S NAME

BALANCE/INTEREST RATE

PHONE# (W/AREA CODE)

"Committed to Preserving The Dream Of Homeownership"

EMPLOYMENT			
BORROWERS EMPLOYERS ADDRESS AND PHONE #	HOW LONG?	CO-BORROWER EMPLORES ADDRESS& PHONE #:	HOW LONG?
MONTHLY INCOME=BORROWER		MONTHLY INCOME=CO-BORROWER	
WAGES/FREQUENCCY OF PAY	\$	WAGES/FREQUENCCY OF PAY	\$
UNEMPLOYMENT INCOME	\$	UNEMPLOYMENT INCOME	\$
CHILD SUPPORT/ALIMONY*	\$	CHILD SUPPORT/ALIMONY	\$
DISABILITY INCOME/SSI	\$	DISABILITY INCOME/SSI	\$
RENTS RECEIVED	\$	RENTS RECEIVED	\$
OTHERS	\$	OTHERS	\$
LESS; FEDERAL AND STATE TAX, FICA	\$	LESS; FEDERAL AND STATE TAX, FICA	\$
LESS: OTHER DEDUCTIONS, (401K, ETC...)	\$	LESS: OTHER DEDUCTIONS, (401K, ETC...)	\$
COMMISSIONS, BONUS AND SELF- EMPLOYED INCOME	\$	COMMISSIONS, BONUS AND SELF- EMPLOYED INCOME	\$
ALL INCOME NEEDS TO BE DOCUMENTED PAYSTUB MUST BE MOST RECENT WITH DATE TO YEAR INFORMATION			
TOTAL	\$	TOTAL	\$
MONTHLY EXPENSES		ASSETS	
OTHER MORTGAGE/LIENS	\$	TYPE	ESTIMATED VALUE
AUTO LOAN(S)	\$	CHECKING ACCOUNT (S)	\$
AUTOEXPENSES/INSURANCE	\$	SAVINGS/MONEY MARKET	\$
CREDIT CARD INSTALLMENT LOANS(S)/TOTAL MINIMUM PAYMENT	\$	STOCKS/ BONDS/CDS	\$

HEALTH INSURANCE (NOT WITHHELD FROM PAY)	\$	IRA/KEOGH ACCOUNTS	\$
MEDICAL (CO-PAYS AND RX)	\$	401K/ESPO ACCOUNTS	\$
	\$		\$
CHILD CARD/SUPPORT/ALIMONY	\$	HOME	\$
FOOD/SPENDING MONEY	\$	OTHER REAL ESTATE	#
WATER/SEWER/UTILITIES/PHONE	\$	CARS	#
HOA/CONDO FEES/PROPERTY MAINTENANCE	\$	LIFE INSURANCE (WHOLE LIFE NOT TERM)	\$
LIFE INSURANCE PAYMENTS (NOT WITHHELD FROM PAY)	\$	OTHER	\$
TOTAL	\$	TOTAL	\$

*ALIMONY, CHILD SUPPORT OR SEPARATE INCOME NEED NOT TO BE REVEALED IF THE BORROWER OR CO-BORROWER DOES NOT CHOOSE TO HAVE IT CONSIDERED FOR REPAYING THIS LOAN.

THIS INFORMATION HEREIN IS AN ACCURATE STATEMENT OF MY FINANCIAL STATUS.

SUBMITTED THIS _____ DAY OF _____, 20_____.

BY: _____ BY: _____
SIGNATURE OF BORROWER SIGNATURE OF CO-BORROWER

BEFORE MAILING MAKE SURE THAT YOU HAVE SIGNED AND DATED THE FORM AND ATTACHED APPROPROATE DOCUMENTATION.
