

REQUEST FOR FINANCIAL INFORMATION

MBOH Loan #:

Borrower(s): List all persons whose name appears on your mortgage or note:

Name:	Date of Birth:	SSN:	Home Phone:	Work Phone:	Cell Phone:

Property Address: (Include city, state and zip code)

Mailing Address: (If different than property address)

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	YES	NO	
Is the Borrower currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	If "no," date of final paycheck: _____
Is the Co-Borrower currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	If "no," date of final paycheck: _____
Do you collect rent for any part of this property?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," how much rent per month do you collect? \$ _____
Do you occupy this property?	<input type="checkbox"/>	<input type="checkbox"/>	If "No," who is in the home?: _____
Is the property listed for sale?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," Agent's Name: _____ Agent's Phone: _____
Have you received credit counseling?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," Counseling Representative Name: _____ Counselor Phone: _____
Have you filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	Please circle appropriate option: Chapter 7 Chapter 13

HOUSEHOLD COMPOSITION & INCOME: List the name of every person who lives at the property and give all requested information about each person. Show all money received, no matter where it comes from. List the Social Security number (SSN) for all household members older than 6 years old. Please use another sheet of paper if you need more room.

Name	SSN	Age	Sex	Monthly Income					
				Net Wages	Social Security	Disability	Unemployment	Other	Describe
TOTALS:									

*Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

ASSETS:	# Owned	Estimated Value		# Owned	Estimated Value
Home			Checking, Savings, Money Market Account(s)		
Other Real Estate			Retirement Account(s)		
Vehicle(s)			Stocks, Bonds, CD's		
Motorcycle(s), ATV(s), Snow Mobile(s), Boat(s)			Other (Please describe)		
TOTAL:				TOTAL:	

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MONTHLY EXPENSES: Do not include any expense that is already deducted from your paycheck/wages. Provide as much detail as possible about your monthly expenses.

	Monthly Payment
Second Mortgage/Lien(s)	
HOA Dues (if any)	
Electricity, Gas & Oil	
Water & Sewer	
Telephone & Internet	
TV Satellite/Cable	
Auto Loan(s)	
Auto Insurance	
Auto Gasoline & Maintenance	
Credit Cards	
Health Insurance	
Medical Expenses	
Child Care, Child Support, Alimony	
Food	
Clothing	
Life Insurance	
Education, Tuition, Books	
Other: (please describe)	
TOTAL:	

TOTAL MONTHLY INCOME: \$ _____

LESS TOTAL MONTHLY EXPENSES: \$ _____

= SURPLUS: \$ _____

I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors, and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver or a defense to my lender's rights to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status.

Signature of Borrower Date

Signature of Co-Borrower Date

CHECKLIST TO COMPLETE PACKAGE SUBMISSION

- Request for Financial Information filled out completely, signed and dated
- Hardship letter prepared to describe the situation(s) that have caused financial hardship.
- Include copies of all proof of income. This must include, but is not limited to, the most recent 3 months proof of income depending upon your situation.
- Make a copy of all information you are submitting and keep for your records. Mail original to:

Montana Board of Housing, Attn: Sheila Cerovski, PO Box 200550, Helena, MT 59620-0550

