



Convenience You Can Count On

BORROWER FINANCIAL INFORMATION

LOAN NUMBER:			
BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE WITH AREA CODE	(BEST TIME TO CALL)	HOME PHONE WITH AREA CODE	(BEST TIME TO CALL)
WORK PHONE WITH AREA CODE	(BEST TIME TO CALL)	WORK PHONE WITH AREA CODE	(BEST TIME TO CALL)
CELL PHONE WITH AREA CODE	(BEST TIME TO CALL)	CELL PHONE WITH AREA CODE	(BEST TIME TO CALL)
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)	EMAIL ADDRESS		
NUMBER OF CARS YOU OWN	NUMBER OF DEPENDENTS AT THIS ADDRESS	Do you occupy the property? YES { } NO { }	
Is it a rental property? YES { } NO { }	Is it leased? YES { } NO { }	(If you have a lease agreement, please provide a copy.)	
Is your home listed for sale? YES { } NO { }	PHONE: (If yes, please provide a copy of the listing agreement.)	EMAIL:	
AGENT'S NAME:	PHONE:	EMAIL:	
How long has it been listed?	Any offers/inquiries? YES { } NO { }	LISTING SALES PRICE	
Have you contacted a credit-counseling agency for help? YES { } NO { }	PHONE:	EMAIL:	
COUNSELOR'S NAME:			
Do you receive, and pay, the real estate tax bill on your home or does your lender? I DO { } LENDER DOES { } (If you pay, please provide a copy of your tax statement.)			
Are the taxes current? YES { } NO { }			
Do you pay for a hazard insurance policy? YES { } NO { } Is the policy current? YES { } NO { } (If you pay, please provide a copy of your hazard policy.)			
Have you filed for bankruptcy? YES { } NO { } FILING DATE:			
IF YES, CHAPTER 7 { } CHAPTER 13 { }			
Has your bankruptcy been discharged? YES { } NO { } (If yes, please provide a copy of the discharge order signed by the court.)			
INVOLUNTARY INABILITY TO PAY			
I (We), _____, am/are requesting that Flagstar Bank review my/our financial situation to determine if I/we qualify for a workout option.			
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):			
{ } Abandonment of Property	{ } Excessive Obligations	{ } Military Service	
{ } 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 Property	{ } Title Problems	
{ } Death of Mortgagor	{ } Incarceration	{ } Transferring Property	
{ } Distant Employment Transfer	{ } Marital Difficulties	{ } Unemployment	
{ } Servicing Problem	{ } Inability to Sell	{ } Energy/Environment Costs	
{ } Other _____			
I believe that my situation is: { } Short term (under 6 months) { } Long term (over 6 months) { } Permanent			
I want to: { } Keep the property { } Sell the Property			



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EMPLOYMENT

BORROWER-EMPLOYER'S ADDRESS/PHONE _____ HOW LONG? CO-BORROWER-EMPLOYER'S ADDRESS/PHONE _____ HOW LONG?

MONTHLY INCOME - BORROWER	MONTHLY INCOME - CO-BORROWER
GROSS INCOME	GROSS INCOME
NET INCOME	NET INCOME
UNEMPLOYMENT INCOME	UNEMPLOYMENT INCOME
CHILD SUPPORT/ALIMONY*	CHILD SUPPORT/ALIMONY*
DISABILITY INCOME/SSI	DISABILITY INCOME/SSI
RENTS RECEIVED	RENTS RECEIVED
OTHER	OTHER
LESS: FEDERAL & STATE SALES TAX, FICA	LESS: FEDERAL & STATE SALES TAX, FICA
LESS: OTHER DEDUCTIONS (401K, ETC)	LESS: OTHER DEDUCTIONS (401K, ETC)
COMMISSIONS, BONUS AND SELF-EMPLOYED INCOME	COMMISSIONS, BONUS AND SELF-EMPLOYED INCOME

*Alimony, child support or separate maintenance income need not be revealed if the borrower or co-borrower does not choose to have it considered for repaying this loan.

MONTHLY EXPENSES	ASSETS	ESTIMATED VALUE
OTHER MORTGAGES/LIENS		
AUTO LOAN(S)	CHECKING ACCOUNT(S)	\$
CREDIT CARDS/INSTALLMENT LOANS	SAVING/MONEY MARKET	\$
HEALTH INSURANCE/MEDICAL	STOCKS/BONDS/CDS	\$
STUDENT LOANS	IRA/KEOGH ACCOUNTS	\$
CHILD CARE/SUPPORT/ALIMONY	401K/ESPO ACCOUNTS	\$
FOOD/SPENDING MONEY	HOME	\$
WATER/SEWER/UTILITIES/PHONE	OTHER REAL ESTATE	\$
HOA/CONDO FEES/PROPERTY MAINTENANCE	CARS	\$
AUTO EXPENSES	BOATS	\$
LIFE INSURANCE PAYMENT	LIFE INSURANCE	\$
ENTERTAINMENT/DISCRETIONARY	OTHER	\$
FLAGSTAR LOAN		
CHARITABLE		
TOTAL \$	TOTAL \$	TOTAL \$



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Lien Holders

If there are additional Liens/Mortgages or Judgements on this property, please name the person(s), company or firm and their respective telephone numbers.

Lien Holder's Name	\$ _____ Balance	_____ Interest Rate %	_____ Phone Number (with area code)
Lien Holder's Name	\$ _____ Balance	_____ Interest Rate %	_____ Phone Number (with area code)

FINAL INSTRUCTIONS:

Before returning this Borrower Financial Information form to us, please complete the following:

1. Sign and date this Borrower Financial Information form.
2. Sign and date the hardship letter explaining the reason for your request.
3. Include proof of any household income with supporting documentation dated within 60 days of today's date for each borrower. For example: wages, unemployment, child support, alimony, Social Security, disability, etc.
4. Include proof of rental income, including the lease agreement and copies of last three months' cancelled rent checks.
5. Include the front and back copies of each borrower's driver's license.
6. Include last two monthly statements for all checking, savings, 401(k) accounts, etc.
7. Include last two years' W-2 forms and most recent income tax return, including all schedules.

Flagstar may, at its discretion, require that each borrower furnish additional information and/or documentation to substantiate his or her current financial status.

I (We) agree that the financial information provided in the Borrower Financial Information form is an accurate statement of my (our) financial status as of the date of my (our) signature(s) below. I (we) understand and acknowledge that any action taken by Flagstar Bank, Inc. or its successors or assigns, as the lender and/or servicer of my (our) mortgage loan, will be made in strict reliance on the information provided in this Borrower Financial Information form. My (Our) signature(s) below grants Flagstar Bank, Inc. or its successors or assigns, as the lender and/or servicer of my (our) mortgage loan, the authority to confirm the information I (we) have provided in this Borrower Financial Information form and attached hardship letter, to verify that it is accurate by ordering a credit report, to contact me (us) to discuss my (our) loan, and to contact my (our) Realtor and/or credit counseling service representative (if applicable).

The Borrower Financial Information form is part of Flagstar's debt collection process. All information obtained relating to this form will be used for that purpose.

By: _____
Borrower Printed Name

By: _____
Co-Borrower Printed Name

By: _____
Borrower Signature

Date: _____

By: _____
Co-Borrower Signature

Date: _____



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HARDSHIP LETTER

LOAN NUMBER: _____

Please provide a detailed explanation of the hardship in the space below.

[Large empty rectangular box for providing a detailed explanation of the hardship]

By: _____ By: _____
Borrower Printed Name Co-Borrower Printed Name

By: _____ Date: _____ By: _____ Date: _____
Borrower Signature Co-Borrower Signature



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HARDSHIP LETTER

LOAN NUMBER: _____

Please provide a detailed explanation of the hardship in the space below.

[Large empty space for providing a detailed explanation of the hardship]

By: _____
Borrower Printed Name

By: _____
Co-Borrower Printed Name

By: _____
Borrower Signature

Date: _____

By: _____

Co-Borrower Signature

Date: _____