

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 { } (If yes, please provide a copy of the listing agreement.)			
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 { }			
COUNSELOR'S NAME:		PHONE:	EMAIL:
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 { }			
IF YES, CHAPTER 7 { } CHAPTER 13 { }		FILING DATE:	
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 <i>(Please check all that apply)</i> :			
{ } 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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LOAN NUMBER:				
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.				
TOTAL		\$	TOTAL	
MONTHLY EXPENSES		ASSETS		
OTHER MORTGAGES/LIENS	\$	TYPE	ESTIMATED VALUE	
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	

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

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



Convenience You Can Count On

HARDSHIP LETTER

LOAN NUMBER: _____

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

By: _____
Borrower Printed Name

By: _____
Co-Borrower Printed Name

By: _____ Date: _____
Borrower Signature

By: _____ Date: _____
Co-Borrower Signature



Convenience You Can Count On

HARDSHIP LETTER

LOAN NUMBER:

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

By: _____
Borrower Printed Name

By: _____
Co-Borrower Printed Name

By: _____ Date: _____
Borrower Signature

By: _____ Date: _____
Co-Borrower Signature