



Save the Dream Ohio

Foreclosure Prevention Effort

Client ID Number: 555555

MORTGAGE INFORMATION	
I have the following:	<input checked="" type="checkbox"/> First Lien <input type="checkbox"/> Second Lien <input type="checkbox"/> Additional Subordinate Lien(s)
My taxes and insurance are escrowed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Taxes Only <input type="checkbox"/> Insurance Only
I have homeowners association fees:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FIRST MORTGAGE	SECOND MORTGAGE
FIRST MORTGAGE SERVICER NAME: Bank of America	SECOND MORTGAGE SERVICER NAME:
ACCOUNT NUMBER: 333333333	ACCOUNT NUMBER:
I AM CURRENT ON THIS MORTGAGE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I AM CURRENT ON THIS MORTGAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No
AMOUNT DELINQUENT: \$ 3,000.00	AMOUNT DELINQUENT: \$
UNPAID PRINCIPAL BALANCE: \$ 67,000.00	UNPAID PRINCIPAL BALANCE: \$
MORTGAGE TYPE: 30 Year fixed FHA	MORTGAGE TYPE:
ADJUSTABLE LOAN: DATE OF LAST ADJUSTMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ADJUSTABLE LOAN: DATE OF LAST ADJUSTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL INFORMATION				
MONTHLY HOUSEHOLD INCOME	MONTHLY PROPERTY EXPENSES			
Source	Amount	Expense	Amount	Current
Monthly Gross Wages (Primary Job)	\$	First Mortgage Payment	\$ 722.45	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Monthly Gross Wages (Second Job)	\$	Second Mortgage Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Gross Wages (Third Job)	\$	Other Subordinate Lien Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-Employment	\$	Other Subordinate Lien Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony*	\$	Property Taxes (not escrowed)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support*	\$	Homeowners Insurance (not escrowed)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Income	\$	Homeowners Association/Condo Fees	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability	\$	Total	\$ 722.45	
Unemployment Compensation	\$ 1500			
Other Government Assistance	\$			
Retirement	\$			
Annuity/Investment	\$			
Settlement	\$			
Rent From Roommate	\$			
Rental Property Income	\$			
Contributions From Family Or Friend	\$			
Other	\$			
Total Monthly Income	\$ 1,500.00			

Total Income	\$ 1500
Total Property Expenses	\$ 722.45
Difference	\$ 777.55
Percent Expenses of Income	% 48

I hereby certify that I do not have any income. Yes No