

## ***Application***

***It is important that you set up an appointment so that your application can be filed within the required period.***

**In order to expedite the completion of your application at the interview, please bring the following information to your meeting:**

***Please bring a copy of the following documents.***

***Our office is not responsible for original documents.***

- 1.) **LETTER OF CIRCUMSTANCES** - Please **print** and sign a detailed letter explaining the reasons for your current mortgage delinquency- Be as specific as possible, since this letter is very important in determining your eligibility for loan assistance.
- 2.) **ACT 91 NOTICE** and any other Notices of Foreclosure.
- 3.) **Three most recent consecutive PAY STUBS** for ad working household members.
- 4.) **VERIFICATION OF OTHER INCOME** - (Unemployment Comp., Workmen's Comp., child support, alimony, Public Assistance, Social Security, rent. pensions, etc.).
- 5.) **EMPLOYMENT HISTORY** - names, addresses, position title and work dates of all employers where you have worked for over the past five years.
- 6.) **FEDERAL INCOME TAX RETURNS** for the past 3 years (copies can be obtained by calling the IRS at 1 -(800) 829-1040 and ask for Form 4506).
- 7.) **DEED TO PROPERTY** (this can be obtained from your County Courthouse).
- 8.) **MONTHLY STATEMENTS** of all loans and charge accounts (acct. no's & balances).
- 9.) **Proof of REAL ESTATE TAXES** (if not escrowed by mortgagee). Copies of tax bills can be obtained from your county and township government offices).
- 10.) **HOMEOWNER'S INSURANCE POLICY**-(can be obtained from Insurance Agent).
- 11.) **CHECKING & SAVINGS ACCT. STMTS.** verifying balances.
- 12.) **VERIFICATION of stocks, bonds, retirement accounts, IRA's, 401-K's, cash value of life insurance policies, etc.**
- 13.) **UTILITY BILLS** - copies of 3 summer and 3 winter bills. (Contact utility company).
- 14.) **SOCIAL SECURITY NUMBERS** for all people on the mortgage.
- 15.) **EVIDENCE or DOCUMENTED PROOF of CIRCUMSTANCES such as paid bills, medical or legal counsel statements, copies of cash receipts and/ or cancelled checks for expenses** that contributed to the mortgage delinquency.
- 16.) **MORTGAGE YEAR END STATEMENT** and mortgage payment book.

Your application cannot be processed without this information. We look forward to assisting you in the preparation and filing of your application. **Failure to submit all information could result in the denial of your application.**

# Monthly Expense Sheet

HOMEOWNER'S  
NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Indicate the normal **monthly amount** of cost for each applicable expense.

*Note: Annual or Quarterly expenses will need to be divided accordingly for average monthly figures)*

Housing Expenses		Living Expenses			
Mortgage(1 <sup>st</sup> )	\$	Groceries	\$	Magazine Subscriptions)	\$
Mortgage (2 <sup>nd</sup> )	\$	Lunches	\$	Newspaper	\$
Real Estate/ Property Taxes	\$	Paper Goods	\$	Day Care	\$
Hazard Ins.	f	Toiletries	\$	Gifts & Entertainment	\$
Condo Fees	\$	Personal needs	\$	Pet Care	\$
Assoc. Fees	\$	Tobacco Products	\$	Child Support/ Alimony	\$
Electric	\$	Alcoholic Beverages	\$	Union Dues	\$
Gas	\$	Clothing	I	Pension Contr.	\$
Oil	\$	Laundry Detergent	\$	IRA Contr.	\$
Water	\$	Laundromat & Dry Cleaning	\$	401 K Contr.	\$
Sewer	\$	TV Cable	\$	Personal Tax	\$
Trash	s	Telephone	\$	Education	\$
Other	\$	Internet Fees	\$	Tithing	\$
Notes & Comments:		Gasoline	\$	Tuition	\$
		Car Repairs	\$	Savings	\$
		Bus	\$	Auto Ins.	\$
		Dental & Doctor Bills	\$	Life Ins.	\$
		Prescriptions	\$	Medical Ins.	\$
		Cell Phone	\$	Dental Ins	\$

TOTAL OF ABOVE  
COLUMN:\$ \_\_\_\_\_

TOTAL OF ABOVE TWO COLUMNS: \$ \_\_\_\_\_

*(See next page for payments to credit cards, installment loans, etc.)*

