

Form 1126

BORROWER		CO-BORROWER	
BORROWER'S NAME John Doe-Test		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER 345 - 34 - 5643	DATE OF BIRTH 10/23/1965	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE # WITH AREA CODE (BEST TIME TO CALL) (786) 361 - 8548		HOME PHONE # WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE # WITH AREA CODE (BEST TIME TO CALL) (786) 543 - 4343		WORK PHONE # WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE # WITH AREA CODE (BEST TIME TO CALL) (765) 982 - 7865		CELL PHONE # WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS 10 main st, Hollywood, FL. 330212			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) 10 main st, Hollywood, FL. 330212		EMAIL ADDRESS test33@gmail.com	
Number of Dependants: 2	Do you occupy the property? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a lease agreement, please provide a copy.	
Is the property listed for sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide a copy of the listing agreement. Agent's Name: Agent's Phone Number: Agent's Email:	Have you contacted a credit-counseling agency Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> for help? If yes, please complete counselor contact information below. Counselor's Name: Counselor's Phone Number: Counselor's Email:		
Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do <input checked="" type="checkbox"/> Lender does <input type="checkbox"/> Are the taxes current? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If you pay it, please provide a copy of your tax statement.	Do you pay for a hazard insurance policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Is the policy current? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If you pay it, please provide a copy of the policy.		
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Filing Date: _____			
Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge order signed by the court.			
INVOLUNTARY INABILITY TO PAY			
I (We), John Doe-Test, am/are requesting that the Federal Home Loan Mortgage Corporation (Freddie Mac) 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):			
<input type="checkbox"/> Abandonment of Property	<input type="checkbox"/> Distant Employment Transfer	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Transferring Property
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Excessive Obligations	<input type="checkbox"/> Military Service	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Casualty Loss	<input type="checkbox"/> Fraud	<input type="checkbox"/> Payment Adjustment	<input type="checkbox"/> Other
<input type="checkbox"/> Curtailment of Income	<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Payment Dispute	
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Illness of Mortgagor	<input type="checkbox"/> Property Problems	
<input type="checkbox"/> Death of Mortgagor	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Title Problems	
I believe that my situation is:	<input type="checkbox"/> Short term (under 6 months)	<input type="checkbox"/> Long term (over 6 months)	<input type="checkbox"/> Permanent
I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property	
<i>Please provide a detailed explanation of the hardship on a separate sheet of paper.</i>			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their respective telephone numbers.			
_____	0.00	_____	_____
Lien Holder's Name	Balance / Interest Rate		Phone Number (WITH AREA CODE)
_____	0.00	_____	_____
Lien Holder's Name	Balance / Interest Rate		Phone Number (WITH AREA CODE)

EMPLOYMENT

BORROWER- EMPLOYER'S ADDRESS & PHONE #	HOW LONG? 5	CO-BORROWER- EMPLOYER'S ADDRESS & PHONE #	HOW LONG?
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Monthly Income - Borrower		Monthly Income - Co-Borrower	
Gross Wages / Frequency of Pay	\$8,500.00	Gross Wages / Frequency of Pay	\$
Commissions, bonus and self-employed income	\$	Commissions, bonus and self-employed income	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support / Alimony*	\$	Child Support / Alimony*	\$
Disability Income/ SSI	\$	Disability Income/ SSI	\$
Rents Received	\$	Rents Received	\$
Other (i.e. family, retirement, interest)	\$	Other (i.e. family, retirement, interest)	\$
Less: Federal and State Tax, FICA	\$950.00	Less: Federal and State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$450.00	Less: Other Deductions (401K, etc.)	\$

***** ALL INCOME NEEDS TO BE DOCUMENTED *****

Paystub must be most recent date with year to date information.

Total (Net income)	\$7,100.00	Total (Net income)	\$
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Monthly Expenses		Assets	
Other Mortgages / Liens	\$	Type	Estimated Value
Auto Loan(s)	\$450.00	Checking Account(s)	\$
Auto Expenses	\$200.00	Saving / Money Market	\$
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$125.00	Stocks / Bonds / CDs	\$
Auto, Health, Life Insurance (not withheld from pay)	\$150.00	IRA / Keogh Accounts	\$
Medical (Co-pays and Rx)	\$	401k / ESPO Accounts	\$
Child Care / Support / Alimony	\$	Home	\$
Food / Spending Money	\$300.00	Other Real Estate	\$
Water / Sewer / Utilities / Phone	\$175.00	Cars	\$
HOA/Condo Fees/Property Maintenance	\$	Life Insurance (Whole Life not Term)	\$
Entertainment	\$200.00	Other	\$
Total	\$1,600.00	Total	\$

* 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.

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 of or defense to my lender's right 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. I consent to being contacted concerning my Mortgage at any cellular or mobile telephone number I may have. This includes text messages and telephone calls to my cellular or mobile telephone.

Submitted this _____ day of _____ 20 _____

By _____
Signature of Borrower

FOR LENDER USE ONLY

Provide the appropriate information about the borrower, mortgage and property. If there are junior or superior liens, indicate the total amount owed, the name of the lien holder(s) and the status of the lien (i.e., current, in foreclosure, delinquent and indicate the number of days delinquent).

The Debt analysis section is divided into three sections: the amount of expenses which have been paid or advanced to retain the lien status; the total amount of the mortgage debt, including the amount of escrow that remains after any advances have been made; and the pending expenses which you are aware are coming due, such as pending unpaid real estate taxes, and indicate the date that any unpaid expenses are due.

Freddie Mac Loan Number 					Seller/Servicer Loan Number					DDLPI					Current Interest rate					Seller/Servicer Number 																								
Preparer's Name										Date Prepared										Phone Number ()										Fax Number ()														
Seller/Servicer Name															E-mail Address																													
Address															City										State																			
MI Contact Name															Phone Number ()																													
If Primary MI Coverage: MI Company _____ Certificate # _____ % of Coverage _____															If Pool MI Coverage: MI Company _____ Certificate # _____ % of Coverage _____																													
Recommendation: <input type="checkbox"/> Short Payoff															<input type="checkbox"/> Scheduled or <input type="checkbox"/> Estimated Foreclosure Sale Date																													
<input type="checkbox"/> Deed in Lieu <input type="checkbox"/> Makewhole															/ /																													
Bankruptcy History: Chapter _____															Date Filed / /										Date Released / /																			
Monthly payment: P & I \$ _____															Hazard Insurance \$ _____										Other Escrowed Amt \$ _____																			
Taxes \$ _____															Mortgage Insurance Premium \$ _____																													
If loan is an ARM: Interest Rate: _____ Effective Date: _____ P&I _____															If loan is a GPM: Interest Rate: _____ Effective Date: _____ Interest Rate: _____ Effective Date: _____																													
Property Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair															Property Insurance Claim \$																													
MI Contribution \$															Borrower Contribution \$																													
Junior Lien Amount \$										Lien Holder										Status of Lien																								
Superior Lien Amount \$										Lien Holder										Status of Lien																								
Expenses															Mortgage Debt															Pending Unpaid Expenses (describe/due date)														
Appraisal/BPO					\$					Unpaid Principal Balance					\$					Next RE taxes due					\$																			
Real Estate Taxes					\$					Accrued Interest					\$										\$																			
Foreclosure					\$					Positive Escrow Balance					\$										\$																			
Bankruptcy					\$					Negative Escrow					\$										\$																			
Water/Sewer Pmts					\$					(Net of advances)					\$										\$																			
Other (explain)					\$					(B) Total Loan Amount					\$										\$																			
(A) Total Expenses					\$					Total Debt (A + B)					\$					Total					\$																			