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4630 Geary Blvd. San Francisco, CA 94118-2934
Ph 415.752.3600 • Fx 415.752.3904

Borrower Assistance Application

*This information will only be used to aid in the evaluation of homeownership preservation options, not for any other purpose.



Please print and fill out this application as completely and accurately as possible. If you have a co-borrower, please have him or her fill out the "Co-borrower" section. When done completing the application, you may fax it to (415)752-3904, Attn: LCA Dept. or mail it to: Cournale & Co., Attn: LCA Dept., 4630 Geary Blvd., 2nd Floor, San Francisco, CA 94118.

1. Borrower Name: _____

Co-Borrower Name: _____

2. Please provide us your current phone numbers:

() _____ () _____
Borrower's Home Phone Work or Mobile

() _____ () _____
Co-Borrower's Home Phone Work or Mobile

3. What is your Cournale & Co. loan #: _____

4. What is the address of your current residence?

Street Address

City State Zip Code

5. Are you and/or the co-borrower currently living in the property? Yes No

6. Why are you having trouble making your mortgage payments? *Select all that apply:*

- Reduced income Loss of employment Death
- Illness Other

Please explain:

7. Would you prefer to keep your property or sell it?

- Keep my property Sell it

8. If you prefer to sell your property, is it listed on the market?

- Currently listed Previously listed Never listed

9. Do you have any other loans on the property?

- Yes No

10. If you have other loans on the property, please provide a copy of the most recent mortgage statement.

11. Have you contacted the HUD-certified housing counseling agency? Yes No

12. Please enter how much you pay for the items below and total them in the last row.

MONTHLY EXPENSES	BORROWER	CO-BORROWER
Other Home loans, rent & liens	\$ _____	\$ _____
Auto Loan(s)	\$ _____	\$ _____
Auto: Insurance & Other Expenses	\$ _____	\$ _____
Credit Cards & Installment Loans	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Medical Expense	\$ _____	\$ _____
Child Care, Child Support & Alimony	\$ _____	\$ _____
Food	\$ _____	\$ _____
Miscellaneous Spending Money	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Communications (cell phone, internet)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

16. Current employer/address:

18. Please enter how much money you have in the assets below and total them in the last row.

<u>ASSET</u>	<u>BORROWER</u>	<u>CO-BORROWER</u>
Checking Account(s)	\$ _____	\$ _____
Savings & Money Market Account(s)	\$ _____	\$ _____
Stocks, Bonds & CDs	\$ _____	\$ _____
Retirement Account(s)	\$ _____	\$ _____
Home Equity	\$ _____	\$ _____
Other Real Estate Equity	\$ _____	\$ _____
Cars (with no loan payments)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

17. Please enter your income details and total them in the last row.

<u>MONTHLY INCOME</u>	<u>BORROWER</u>	<u>CO-BORROWER</u>
Gross Income	\$ _____	\$ _____
Other Income (unemployment, child support, etc.)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

I/We agree that the financial information provided is an accurate statement of my/our financial status. I/We understand and acknowledge that any action taken by the lender of my/our home loan on my/our behalf will be made in strict reliance on the financial information provided. My/our signature(s) below grants the holder of my/our home loan the authority to confirm the information I/we have disclosed in this financial statement, to verify that it is accurate by ordering a credit report and to contact my/our real estate agent and or credit counseling representative (if applicable). By signing below, I/we advise you that if I/we should hereafter reinstate my/our home loan, or payoff my/our home loan in full, then by doing so and without the necessity of any further action on my/our part, I/we hereby expressly withdraw this request for a loan workout. In that event, I/we hereby direct you to take no further action to process this request for a workout.

X _____
 Borrower Date

X _____
 Co-Borrower Date

DON'T FORGET! DID YOU....

- Fully complete all questions?
Remember: If you have a co-borrower, we need his or her information as well.
- Sign and date this application?
- Include copy of your 1st mortgage statement (if applicable).
- Current insurance information.
- Any recent property evaluations.

NOTE: Recent Tax Returns may be requested.

Please fax or mail your application and 1st mortgage statement to:

- Fax: (415)752-3904, Attn: LCA Dept. - Mail: Cournale & Co.
 Attn: LCA Dept.
 4630 Geary Blvd., 2nd Floor
 San Francisco, CA 94118