

Do you own Real Estate? Yes No

Your Real Estate

Address of property:		City	State	Zip
Type of property (check one) <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Multi Family Home <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Mobile Home <input type="checkbox"/> Co-op (Cooperative)				
Name(s) on Deed or Title to Property: _____				
Number of people on title: _____ Names: _____				
Year you purchased property:	Purchase Price: \$	Down Payment: \$	Year last appraised:	Appraisal Value now: \$

First Mortgage

Mortgage Company Name		Address		
City	State	Zip	Account No.	Date Incurred
Payoff Balance: \$	Monthly Payment: \$	Are you behind in payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		How many months behind?
Interest Rate	Amount to catch up on payments: \$		Are taxes and insurance included in payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Second Mortgage or Home Equity Loan

Second Mortgage Company Name		Address		
City	State	Zip	Account No.	Date Incurred
Payoff Balance: \$	Monthly Payment: \$	Are you behind in payments? <input type="checkbox"/> YES <input type="checkbox"/> NO		How many months behind?
Interest Rate	Amount to catch up on payments: \$		Are taxes and insurance included in payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any other mortgages or liens on your real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you own any real estate other than your home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own a timeshare? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have your real estate taxes been sold? <input type="checkbox"/> YES <input type="checkbox"/> NO

Do you own a Financed Vehicle? Yes No

Your Financed Motor Vehicles

Vehicle # 1

Year	Make	Model	Do you want to keep this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Creditor Name		Address		
City	State	Zip	Are you behind in this car payment? <input type="checkbox"/> YES <input type="checkbox"/> NO How Many Months Behind?	
Account Number	Balance:	Monthly Payment	Date of loan	Interest Rate
Mileage	Condition	Who is on title?	Is vehicle Insured?	

Vehicle # 2

Year	Make	Model	Do you want to keep this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Creditor Name		Address		
City	State	Zip	Are you behind in this car payment? <input type="checkbox"/> YES <input type="checkbox"/> NO How Many Months Behind?	
Account Number	Balance:	Monthly Payment	Date of loan	Interest Rate
Mileage	Condition	Who is on title?	Is vehicle insured?	

Do you have any other financed vehicles besides the two listed above? YES NO