

MMS

Madison Management Services, LLC

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Please take a moment to complete the following financial statement and return it to us at your earliest opportunity.

	Homeowner	Additional Homeowner
Name:	_____	_____
Work Telephone:	_____	_____
Home Telephone:	_____	_____
Cell Phone (optional):	_____	_____
Best Time to Call (Day/Time):	_____	_____

Please tell us about your property:

Please check all that apply:

- I live in this house This is a second home
 This house is vacant This is a rental property (Monthly Rent: \$_____)

Do you have other loans on this property (please circle)? Yes / No

Lender: _____
Principal Balance: _____
Monthly Payment Amount: _____
Number of Delinquent Payments: _____

Please check all that apply:

- This property is for sale (Agent Name: _____,
Phone: _____, List \$: _____)
 I am considering selling the property (Estimated Value: \$_____)
 I am willing to do whatever is necessary to retain ownership of my home
 I need help organizing and/or managing my finances

Taxes: I pay my own taxes (taxes are not included in my mortgage payment)
Taxes are Current (please circle): Yes / No
 Taxes are included in my mortgage payment

Insurance:

- I pay my own insurance (not included in my mortgage payment)
Insurance is Current (please circle): Yes / No
 Taxes are included in my mortgage payment

Homeowner Association:

My property is in a Homeowner Association (please circle): Yes / No
If yes, my annual HOA dues are: \$_____
If yes, HOA dues are current (please circle): Yes / No

In order for us to better understand your circumstances and tailor a *custom* solution to meet your needs, we require information related to your monthly income *and* expenses. If there are additional contributors to your household income OR if additional parties are financially responsible for this debt, please include this information below as well.

Please tell us about your *Monthly Household Income*:

	Homeowner	Additional Homeowner
Net income (monthly income after taxes and benefits are deducted):	\$ _____	_____
Disability:	\$ _____	_____
Rental Income:	\$ _____	_____
Unemployment:	\$ _____	_____
Child Support/Alimony ¹ :	\$ _____	_____
Other _____:	\$ _____	_____
Total Monthly Net Income :	\$ _____	_____
Employment Status (Circle One):	Employed Unemployed/Not Working Self-Employed	Employed Unemployed/Not Working Self-Employed

¹ You do not need to disclose child support or alimony income if you do not want it to be considered in any solutions we develop.

Please tell us about your *Monthly Household Expenses*:

This Mortgage:	\$ _____	Property Taxes: \$ _____
Other Mortgages:	\$ _____	Insurance: \$ _____
Auto Expenses:	\$ _____	Number Autos _____ Estimated Balance _____ Maintenance _____ Fuel _____
Credit Cards/ Loans payments*:	\$ _____	
Insurance/Medical Expenses:	\$ _____	Life _____ Auto _____ Med. _____
Child Care:	\$ _____	
Child Support/ Alimony:	\$ _____	
Total Utilities:	\$ _____	Water _____ Gas _____ Elec. _____ Phone _____ Cable _____ Sewer _____ Cell Phone _____ Internet _____
Groceries/Household supplies:	\$ _____	
Spending Money/		
Charitable Contributions/Other:	\$ _____	
Total Monthly Expenses	\$ _____	

* Please identify minimum monthly payments.

Please tell us about your *Assets and Investments*:

Checking Account
 Balance: \$ _____
 Savings/Money
 Market/CD's: \$ _____
 Stocks/Bonds: \$ _____
Vested Retirement
 Balance
 (401K,403B,IRA,Keogh,
 etc.): \$ _____
 Other Real Estate Equity: \$ _____
 Other: \$ _____
Total Assets and Investments: \$ _____

Please note, federal law requires us to inform you that this is an attempt to collect a debt and any information obtained will be used for that purpose.

Total Monthly Net Income (INC\$) - Total Monthly Expenses (EXP\$)
 Monthly Gain/Loss (G/L) =

INCOMES\$ _____
 -
 EXPENSES\$ _____

 Gain/Loss \$ _____

Note: If your expenses exceed your income, there may still be hope.

"I agree as follows: My lender may discuss, obtain and share information, including but not limited to FICO scores, about my mortgage and financial situation with third parties in conjunction with the assistance we are hoping to provide you. Negotiations for a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any action, and an alternative will be provided only if an agreement has been approved in writing by my lender. I understand MADISON MANAGEMENT SERVICES may require additional information to approve certain alternatives and am willing to disclose requested information as necessary. My Lender may contact other parties with financial interest in this property. The information herein is an accurate statement of my financial status."

 Signature of Homeowner Date

 Signature of Homeowner Date

Please answer the following questions in detail. Accurate information is critical for us to review the solution(s) that may be available for your loan.

1. What event(s) has caused your financial hardship? *(If necessary, please attach an additional sheet.)*

2. What was the term of your hardship? *(When did it begin? Has it ended?)*

3. What was the financial impact of your hardship? *(Estimated expense of hardship, income lost during hardship, etc.)*

4. Are you currently employed? Yes / No
If you answered yes, how long have you been with your current employer? Are there any foreseeable changes in your employment?

5. How long have you lived at the property? Have you considered selling the property? If so, please describe why you would want to sell your home. If not, please describe why you want to keep the property.
