

# Form 1126

## Borrower Financial Information



### BORROWER FINANCIAL INFORMATION

Freddie Mac Loan Number \_\_\_\_\_

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)			EMAIL ADDRESS
Number of Dependants:	Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>		If you have a lease agreement, please provide a copy.	
Agent's Name:		Agent's Phone Number:	
Agent's Name:		Agent's Email:	
Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/>		Counselor's Name:	
Counselor's Name:		Counselor's Phone Number:	
Counselor's Name:		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 type="checkbox"/> Lender does <input type="checkbox"/>			
If you pay it, please provide a copy of your tax statement. Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you pay for a hazard insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the policy current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you pay it, please provide a copy of the policy.			
Have you filed for bankruptcy? If yes, Filing Date: _____			
Yes <input type="checkbox"/> No <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/>			
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), _____, 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"/> Excessive Obligations	<input type="checkbox"/> Military Service	<input type="checkbox"/> Other
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Fraud	<input type="checkbox"/> Payment Adjustment	
<input type="checkbox"/> Casualty Loss	<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Payment Dispute	
<input type="checkbox"/> Curtailment of Income	<input type="checkbox"/> Illness of Mortgagor	<input type="checkbox"/> Property Problems	
<input type="checkbox"/> Death in Family	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Title Problems	
<input type="checkbox"/> Death of Mortgagor	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Transferring Property	
<input type="checkbox"/> Distant Employment Transfer	<input type="checkbox"/> Marital Difficulties	<input type="checkbox"/> Unemployment	
I believe that my situation is:		<input type="checkbox"/> Short term (under 6 months)	<input type="checkbox"/> Long term (over 6 months)
I want to:		<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Permanent
<input type="checkbox"/> Sell the Property			
Please provide a detailed explanation of the hardship on a separate sheet of paper.			
If there are additional Liens/Mortgages or Judgments on this property, please name the person (s), company or firm and their respective telephone numbers.			
Lien Holder's Name		Balance / Interest Rate	Phone Number (WITH AREA CODE)
Lien Holder's Name		Balance / Interest Rate	Phone Number (WITH AREA CODE)

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.

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**BORROWER FINANCIAL INFORMATION**

Freddie Mac Loan Number \_\_\_\_\_

<b>EMPLOYMENT</b>			
BORROWER- EMPLOYER'S ADDRESS & PHONE #	HOW LONG?	CO-BORROWER- EMPLOYER'S ADDRESS & PHONE #	HOW LONG?
<b>Monthly Income - Borrower</b>		<b>Monthly Income - Co-Borrower</b>	
Wages / Frequency of Pay	\$	Wages / Frequency of Pay	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support / Alimony*	\$	Child Support / Alimony*	\$
Disability Income/ SSI	\$	Disability Income/ SSI	\$
Rents Received	\$	Rents Received	\$
Other	\$	Other	\$
Less: Federal and State Tax, FICA	\$	Less: Federal and State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$	Less: Other Deductions (401K, etc.)	\$
Commissions, bonus and self-employed income	\$	Commissions, bonus and self-employed income	\$
* * * * * <b>ALL INCOME NEEDS TO BE DOCUMENTED</b> * * * * *			
<b>Paystub must be most recent date with year to date information.</b>			
<b>Total</b>		<b>Total</b>	
\$		\$	
<b>Monthly Expenses</b>		<b>Assets</b>	
Other Mortgages / Liens	\$	<b>Type</b>	
Auto Loan(s)	\$	<b>Estimated Value</b>	
Auto Expenses / Insurance	\$	Checking Account(s)	\$
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$	Saving / Money Market	\$
Health Insurance (not withheld from pay)	\$	Stocks / Bonds / CDs	\$
Medical (Co-pays and Rx)	\$	IRA / Keogh Accounts	\$
Child Care / Support / Alimony	\$	401k / ESPO Accounts	\$
Food / Spending Money	\$	Home	\$
Water / Sewer / Utilities / Phone	\$	Other Real Estate	# \$
HOA/Condo Fees/Property Maintenance	\$	Cars	# \$
Life Insurance Payments (not withheld from pay)	\$	Life Insurance (Whole Life not Term)	\$
	\$	Other	\$
<b>Total</b>		<b>Total</b>	
\$		\$	

\* 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.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

By \_\_\_\_\_  
 Signature of Borrower

By \_\_\_\_\_  
 Signature of Co-Borrower

***Before mailing, make sure you have signed and dated the form and attached appropriate documentation.***



## BORROWER FINANCIAL INFORMATION

Freddie Mac Loan Number \_\_\_\_\_

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/Service Number Number	DDLPI	Current Interest rate	Seller/Service Number 	
Preparer's Name		Date Prepared		Phone Number ( )	Fax Number ( )	
Seller/Service Name						
Address				City	State	
MI Contact Name			Phone Number ( )			
If Primary MI Coverage: MI Company _____			If Pool MI Coverage: MI Company _____			
Certificate # _____			Certificate # _____			
% of Coverage _____			% 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		
<b>Expenses</b>		<b>Mortgage Debt</b>		<b>Pending Unpaid Expenses (describe/due date)</b>		
Appraisal/BPO	\$	Unpaid Principal	\$	Next RE taxes due	/ /	
Real Estate Taxes	\$	Accrued Interest	\$		\$	
Foreclosure	\$	Positive Escrow	\$		\$	
Bankruptcy	\$	Negative Escrow	\$		\$	
Water/Sewer Pmts	\$	(Net of advances)	\$		\$	
Other (explain)	\$	(B) Total Loan	\$		\$	
(A) Total	\$	Total Debt (A + B)	\$	Total	\$	

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