

**EXHIBIT C**

Please fax this information to attention of the Collateral Department at (407) 737-5071.

Borrower					Co-Borrower	
Borrower's Name				Co-Borrower's Name		
Social Security Number	Home Phone	Work Phone	Social Security Number	Home Phone	Work Phone	
Mailing Address			Property Address			
<b>EMPLOYMENT - please provide last pay stub from each employer</b>						
Borrower Employer		How long?	Co-Borrower Employer		How long?	
Position	Gross pay per period \$	How often paid?	Position	Gross pay per period \$	How often paid?	
Number of Dependents	Net pay per period \$	Commission Bonus \$	Number of dependents	Net pay per period \$	Commission Bonus \$	
Other monthly income - Description		Amount \$	Other monthly income - Description		Amount \$	
<b>EXPENSES - Monthly</b>						
<b>Housing</b>		<b>Miscellaneous</b>		<b>Other</b>		
Hazard Insurance \$		Health Insurance \$		Bank/Finance Loans \$		
Electric/Gas \$		Medical Bills \$		Charge Account (1) \$		
Phone \$		Food \$		Charge Account (2) \$		
Water & Sewer \$		Auto (1) \$		Charitable Contributions \$		
Home Repair \$		Auto (2) \$		Personal/Life Insurance \$		
Home Maintenance \$		Auto Insurance \$		Club/Union Dues \$		
First Mortgage \$		Gas \$		Cable TV \$		
H.O.A. \$		Auto Maintenance \$		Religious Contributions \$		
Second Mortgage \$		Child Care \$		Dry Cleaning \$		
Other Mortgage \$		Child Support \$		Clothing \$		
Other \$		Alimony \$		Entertainment \$		
Other \$		Other \$		School Tuition \$		
Checking Account Balance \$		Savings Account Balance \$		CD's, Stocks, 401K, IRA, Etc. \$		
Approximate Value of Home \$		Other Assets \$				
Reason for original default (if applicable)						
What is your understanding of any CURRENT special payment plans you may be under from the prior service of your loan? (Please attach copies of any documentation which verifies this plan.)						
<b>ACKNOWLEDGMENT AND AGREEMENT</b>						
Certification: I/We certify that the information provided in this Request for Financial Information is true and correct as of the date set forth opposite my/our signature(s) on this form and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained on this form may result in civil liability and/or criminal penalties. I (We) authorize OCWEN to verify this information, including verification of employment and account balances.						
Borrower's Signature		Date	Co-Borrower's Signature		Date	