Please provide a copy of this form to: Ashland Co. Common Pleas Court 142 W. Second Street Ashland, Ohio 44805

## Owner's Financial Information For Foreclosure Mediation

DO NOT FILE WITH THE CLERK OF COURTS		DELIVER THIS FORM TO THIS LENDER:			:	Case Number(s)					
This property is my primary residence.    Yes    No    I want to continue living in this property.    Yes    No											
I am interested in discussing options other than remaining in this property.											
EMPLOYMENT INFORMATION  Homeowner Name, Address and Phone Number  Self Employed  Yrs. on this job   Employer and Position											
ne Number	Sel	If Employed		Yrs. on this job	Employer and Pos	sition					
				Business Phone							
				( )							
e Number	Sel	f Employed		Yrs. on this job	Empoyer and Pos	ition					
				Rusiness Phone							
				( )							
MONTHLY INCOME AND SALARY INFORMATION											
OWNER 1	C	WNER 2		GROSS MON	THLY INCOME	OWN	IER 1	OWNER 2			
			1	Retirement Inc	ome/Pension						
				Disability Paym	nents						
				Social Security	,						
				Child Support							
				Spousal Suppo	ort						
				Other Income							
ASSETS					REAL ESTATE/RENTAL PROPERTY						
Checking, Savings, and other accounts Amou		unt/Value		ADDRESS				VALUE			
			$\left  \cdot \right $								
			1								
			$\frac{1}{1}$								
							VALUE				
					V LI IIOLE			VALUE			
			$\frac{1}{1}$								
			1								
	sidence. pptions other the ne Number  MONT OWNER 1	sidence. Yes  Options other than rer  EM  ne Number Self  MONTHLY II  OWNER 1 C	sidence. Yes No  poptions other than remaining in the EMPLOYMEN  Remaining in the EMPLOYMEN  Self Employed  MONTHLY INCOME AN  OWNER 1 OWNER 2  SETS	sidence. Yes No I poptions other than remaining in this poptions other than remaining in this self Employed    MONTHLY INCOME AND OWNER 1 OWNER 2  SETS	sidence.	sidence.	sidence. Yes No I want to continue living in this property.    Poptions other than remaining in this property.	Sidence. Yes No I want to continue living in this property. Yes options other than remaining in this property.    EMPLOYMENT INFORMATION   Employer and Position   Business Phone ( )			

LIABILITIES (Please include all living ex	CIVIL JUDGMENTS					
Creditor Name	Amount Owed	Creditor Na	me	Amount		
		I affirm that the information my knowledge.	ation provided is true and accu	urate to the best of		
		Owner 1 print name:				
		Owner 1 Signature:				
		Owner 2 print name: _				
		Owner 2 Signature:				
	DOCUMEN	T CHECKLIST				
Please provide the following documents to			AST 30 days prior to m	nediation It WILL		
help in reaching a solution. Copies may be You should ALSO bring an EXTRA copy o	e substitued for origi	nal documents. Use t	this checklist to organize	your documents.		
	<b>I</b>					
Financial Account Information	Salary/I	Income	Tax Information			
Copy of last 3 statements of your savings account(s)	Pay stubs for the las	st 2 months	Tax returns for the last	2 years		
Copy of last 3 statements of your checking account(s)	Year to date profit/lo you are self employe		W-2 forms for the last 2	2 years		
Copy of last 3 statements of your brokerage account(s)	Lease agreement fo property that you ow		Copy of tax schedule fo property that you own o			
Copy of last 3 statements of your retirement account(s)	Copy of most recent statement for your in		Copy of most recent SS Security year end incor			