

Pre-Foreclosure Informational Worksheet

Client / Borrower Information

Last Name: _____ First: _____ Middle: _____
 Maiden Name: _____
 Date of Birth: ____ / ____ / ____ Place of Birth: _____
 U.S Citizen: Yes No If No, Country of Citizenship: _____
 SSN: _____ Driver's License: _____
 Address: _____
 Phone Number: _____ Work Number: _____
 Cell Number: _____ Email Address: _____
 Employment Name: _____ Position Title: _____
 Employment Address: _____

Co-Borrower Information

Last Name: _____ First: _____ Middle: _____
 Maiden Name: _____
 Date of Birth: ____ / ____ / ____ Place of Birth: _____
 U.S. Citizen: Yes No If No, Country of Citizenship: _____
 SSN: _____ Driver's License: _____
 Address _____
 Phone Number: _____ Work Number: _____
 Cell Number: _____ Email Address: _____
 Employment Name: _____ Position Title: _____
 Employment Address: _____

Advisors

Title	Full Name	Phone Number
Real-Estate Agent		
Accountant		
Insurance Agent		
Physician		
Stockbroker		
Financial Advisor		
Other:		

Assets

Real Estate					
Type	Description	Value	Owner		
Family Residence		\$			
Vacation Property		\$			
Empty Land		\$			
Time Share		\$			
Commercial Property		\$			
Other:		\$			
Other:		\$			
Other:		\$			
TOTAL:		\$			
Accounts					
Type	Account #	Institution	Amount	Owner	
Savings			\$		
Checking			\$		
Stocks			\$		
Bond			\$		
Investment Acct			\$		
Mutual Fund			\$		
Other:			\$		
Other:			\$		
Other:			\$		
TOTAL:			\$		
Personal Property Information					
Type	Description	Value	Owner		
Vehicle		\$			
Vehicle		\$			
Vehicle		\$			
Vehicle		\$			
Other:		\$			
Other:		\$			
TOTAL:		\$			
Insurance Information					
Name/Policy	Type	Premium	Amt.	Owner	Beneficiary
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
TOTAL:		\$			

Retirement Information			
Type	Name	Value	Owner
401K		\$	
Pension		\$	
Profit Share		\$	
SEP		\$	
IRA		\$	
Other:		\$	
Other:		\$	
TOTAL:		\$	

Mortgage Information/ Pre- Foreclosure

Type	Amount
Mortgage Company Name	
Mortgage Account Number	
Mortgage Balance	\$
Date of Foreclosure Sell	
Last Date of Modification	
How Many Missed Payments	
Interest Rate	\$
Mortgage Insurance	\$
Retirement	\$
Inheritance	\$
GRAND TOTAL:	\$

Monthly Liabilities Expenses

Mortgage Note	\$
Hoa	\$
Monthly Food Expense	\$
Home Repairs	\$
Car Note (Monthly)	\$
Car Insurance	\$
Business Loan (Monthly)	\$
Personal Loan (Monthly)	\$

I hereby declare the aforementioned information as being correct, factual and true according to my knowledge and belief.

Date ____ / ____ / ____

Print Name _____

Print Name _____

Signature

Signature