

Litton Loan Servicing LP

4828 Loop Central Drive
Houston, Texas 77081-2226

Telephone Number: (800) 548-8665

Fax Number: 713-966-8820

Request for Financial Information

You are asked to supply this financial information so that we may evaluate your situation and determine what, if any, options you may have to resolve the mortgage delinquency and avoid foreclosure. This is an attempt to collect a debt and any information obtained will be used for that purpose. Please complete this form fully and accurately and return it with the following documents for each borrower:

- **Two months of your most recent pay stubs**
- **Two months of your most recent bank statements (for all accounts owned)**
- **Most recent two years tax returns with all schedules and W-2's**
- **A statement describing your financial situation including the reason why your are requesting help**
- **Copy of the fully executed sales contract subject to LLSI's approval (For Assisted Short Sales Only)**
- **Copy of the estimated sellers closing costs form your Realtor (For assisted Short Sales Only)**

Litton Loan No.: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Please sign permission below granting to obtain access Litton Loan Servicing LP the authority to confirm the information disclosed along with **permission to obtain access to the property for the purpose of obtaining a current market value.**

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____

PART A: Borrower Information

Borrower Name: _____

Social Security No.: _____

Borrower Telephone No. (work): _____ HM: _____

Borrower Primary Address: _____

Employer: _____

Current Position: _____

Employment Dates: _____ Annual Salary: _____

Co-Borrower Information

Co-Borrower Name: _____

Social Security No.: _____

Co-Borrower Telephone No. (work): _____ HM: _____

Co-Borrower Primary Address: _____

Employer: _____

Current Position: _____

Employment Dates: _____ Annual Salary: _____

PART B: Assets and Liabilities

| | *Estimate Value | *Amount Owed | *Net Value |
|--|------------------------|---------------------|-------------------|
| 1 Cash | \$ | \$ | \$ |
| 2. All Checking and Savings accounts | \$ | \$ | \$ |
| 3. Certificates of Deposit | \$ | \$ | \$ |
| 4. Stocks/Bonds/Mutual Funds | \$ | | \$ |
| 5. All Retirement Assets (401K, IRA, etc) | \$ | \$ | \$ |
| 6. Total Liquid Assets (Add lines 1-5) | \$ | \$ | \$ |

******DESCRIPTION OF NON LIQUID ASSETS******

| | *Estimate Value | *Amount Owed | *Net Value |
|--|------------------------|---------------------|-------------------|
|--|------------------------|---------------------|-------------------|

| | | | |
|-----------------|----|----|----|
| 7. Primary Home | \$ | \$ | \$ |
|-----------------|----|----|----|

| | | | |
|----------------------------|----|----|----|
| 8. Other Real Estate Owned | \$ | \$ | \$ |
| Property Address | \$ | \$ | \$ |
| Property Address | \$ | \$ | \$ |

| | | | |
|----------------|----|----|----|
| 9. Automobiles | \$ | \$ | \$ |
| Make: Model: | \$ | \$ | \$ |
| Year: | | | |
| Make: Model: | \$ | \$ | \$ |
| Year: | | | |

| | | | |
|-----------------------------|----|----|----|
| 10. Cash Value in Life Ins. | \$ | \$ | \$ |
|-----------------------------|----|----|----|

| | | | |
|--|----|----|----|
| 11. Personal Property (computer, furniture, etc.) | \$ | \$ | \$ |
|--|----|----|----|

PART C: Property Information (If Tenant Occupied)

| | | | |
|--------------------------|--------------|------------|------------------|
| Property Address: | City: | ST: | Zip Code: |
| Name of Tenant(s) | Mo. Rent: | Last Paid: | Lease: Yes/No |
| Name of Tenant(s) | Mo. Rent: | Last Paid: | Lease: Yes/No |
| Property Address: | City: | ST: | Zip Code: |
| Name of Tenant(s) | Mo. Rent: | Last Paid: | Lease: Yes/No |
| Name of Tenant(s) | Mo. Rent: | Last Paid: | Lease: Yes/No |

PART D: Dependents

| | | |
|-------|---------------|------|
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |

PART E: Monthly Income

***Notice: 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 the mortgage.

| Description (Monthly) | Borrower | Co-borrower | Total |
|---|-----------------|--------------------|--------------|
| 1. Gross Salary/Wages (including overtime) | \$ | \$ | \$ |
| 2. Commission (how often paid) | \$ | \$ | \$ |
| 3. Bonuses (when paid) | \$ | \$ | \$ |
| 4. Social Security | \$ | \$ | \$ |
| 5. Other Income (interest, rental, etc.) | \$ | \$ | \$ |
| 6. Alimony*** | \$ | \$ | \$ |
| 7. Child Support*** | \$ | \$ | \$ |
| 8. Total Monthly Income | \$ | \$ | \$ |
| Less: | | | |
| 9. Federal, FICA, and State Income Tax | \$ | \$ | \$ |
| 10. Other Deductions (401K contributions etc.) | \$ | \$ | \$ |
| 11. Total Deductions (add lines 9 & 10) | \$ | \$ | \$ |
| 12. NET PERSONAL INCOME | \$ | \$ | \$ |

PART F: Monthly Expenses

| Description (Monthly) | Mo. Pmt. | Balance Due | #Mo. Delq. |
|--|-----------------|--------------------|-------------------|
| 1. Primary Residence (incl. and ins)Tax | \$ | \$ | \$ |
| 2. Other Mortgages (second mtgs/liens) | \$ | \$ | \$ |
| 3. Other Property Owned: | \$ | \$ | \$ |
| Property Address: | | | |
| Property Address: | | | |
| Property Address: | | | |
| 4. Auto Loans: | | | |
| Make: Model: Year: \$ | \$ | \$ | \$ |
| Make: Model: Year: \$ | \$ | \$ | \$ |
| Make: Model: Year: \$ | \$ | \$ | \$ |
| 5. Other Loans: | \$ | \$ | \$ |
| 6. Credit Cards: | | | |
| Company: Account # \$ | \$ | \$ | \$ |
| Company: Account # \$ | \$ | \$ | \$ |
| Company: Account # \$ | \$ | \$ | \$ |
| Company: Account # \$ | \$ | \$ | \$ |
| Company: Account # \$ | \$ | \$ | \$ |
| 7. Alimony | \$ | \$ | \$ |
| 8. Child Support | \$ | \$ | \$ |
| 9. Child Care | \$ | \$ | \$ |
| 10. Utilities (water, elec., gas) | \$ | \$ | \$ |
| 11. Telephone and Cellular phones | \$ | \$ | \$ |
| 12. Insurance (life and health) | \$ | \$ | \$ |

| | | | |
|---|----|----|----|
| 13. Insurance (auto) | \$ | \$ | \$ |
| 14. Medical Expenses (uninsured) | \$ | \$ | \$ |
| 15. Auto Expense (gas, maintenance, parking) | \$ | \$ | \$ |
| 16. Food and Toiletries | \$ | \$ | \$ |
| 17. Dry Cleaning and Clothing | \$ | \$ | \$ |
| 18. Student Loans | \$ | \$ | \$ |
| 19. School Tuition | \$ | \$ | \$ |
| 20. Cable TV | \$ | \$ | \$ |
| 21. Entertainment: (hobbies, dinner, movies, etc.) | \$ | \$ | \$ |
| 22. HOA Dues | \$ | \$ | \$ |
| 23. Dependent Care | \$ | \$ | \$ |
| 24. Spending Money | \$ | \$ | \$ |
| Total Personal Expense: | | | |