

Chevron Valley Credit Union Workable Solutions Application

Please send copies of:

- 2 recent consecutive pay stubs, or
- 2 consecutive months of credit union statements, or
- 2 consecutive tax returns

What are your intentions regarding this property? Sell Rent Keep

Loan No. _____

Part A Borrower Information

Borrower Name	Social Security Number	Co-Borrower Name	Social Security Number
Borrower Phone No. Day _____ Evening _____ Cell _____		Co-Borrower Phone No. Day _____ Evening _____ Cell _____	
Property Address: Street _____ City _____ State _____ Zip _____		Mailing Address (If applicable): Street _____ City _____ State _____ Zip _____	
Email Address		Email Address	
Employer (Current)	Position	Employer (Current)	Position
Years on Job	Employer Phone	Years on Job	Employer Phone

If in current job for less than 5 years, enter your previous employer information below.

Employer (Previous)	Position	Employer (Previous)	Position
Years on Job	Employer Phone	Years on Job	Employer Phone

Part B Property Information

Is this property for SALE? Yes No	Is this property for RENT? Yes No		
List Date _____ Price _____	Monthly Rent	Monthly Last Paid	Date Lease Expires

Realtor Name _____

Realtor Phone _____

Part C Monthly Income

Description (Monthly)	
Net Salary/Wages	
Other Income	
Other Additional Income (i.e., SSI, Rental, Second Job, Child Support)	
Total Net Income	

Part D Monthly Expenses

DESCRIPTION (MONTHLY)	Monthly Payment	Balance Due	# Months Delinquent
11. Primary Home Mortgage	\$	\$	
12. Taxes on Primary Home (if not included in #1)	\$	\$	
13. Insurance on Primary Home (if not included in #1)	\$	\$	
14. Rent Payment (if owner not occupying subject property)	\$	\$	
15. Maintenance/Homeowners Association Fees	\$	\$	
16. Other Mortgages	\$	\$	
17. Automobile Loans	\$	\$	
18. Other Loans	\$	\$	
19. Credit Cards (minimum payment)	\$	\$	
10. Alimony/Child Support	\$	\$	
11. Child/Dependent Care	\$	\$	
12. Utilities (water, electricity, gas, cable, etc.)	\$	\$	
13. Telephone (landline and cell phone)	\$	\$	
14. Insurance (automobile, health, life)	\$	\$	
15. Medical Expenses (uninsured)	\$	\$	
16. Car Expenses (gas, maintenance, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other Monthly Expense (explain)	\$	\$	
19. Other Monthly Expense (explain)	\$	\$	
20. Other Monthly Expense (explain)	\$	\$	
Total	\$	\$	

Part E General Questions

Please try to complete as many of the questions as possible.

- Do you occupy this property as a Primary Residence? Yes No
If Yes, how long have you lived at this residence? Years Months
- How many live people in the household?
- Do you have any dependents under the age of 18? Yes No If Yes, how many?
- Do you have any other debts or obligations secured by this property (i.e., second mortgage, home equity loan, judgments or liens)? Yes No If Yes, please itemize these debts or obligations below:

Debt/obligation	Amount
	\$
	\$
	\$

- Do you own any other properties? Yes No How many? If yes, please complete the following items:

Monthly payment	Rental income	Principal balance	Is this property currently vacant?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

- What is the amount of funds you immediately have available to apply toward your mortgage delinquency? \$
- In addition to the amount stated above, what amount will you have available in 30 days? \$

Part E General Questions

Please try to complete as many of the questions as possible.

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of default (If needed, attach a separate sheet of paper for explanation):

What is your proposal for repaying the arrearage?

Authorization To Release Information

IN ADDITION TO THIS FINANCIAL STATEMENT AND ITS ATTACHMENTS, THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THE SITUATION THOROUGHLY, SUCH AS:

- 1. ORDERING CREDIT REPORTS
- 2. VERIFYING BANK ACCOUNTS IN THIS DISCLOSURE
- 3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STATED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY.

I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN WHICH WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN, I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY MORTGAGE LOAN.

Borrower Signature Date

Borrower Signature Date

I/WE HEREBY AUTHORIZE YOU TO RELEASE TO _____
ANY AND ALL INFORMATION THEY MAY REQUIRE FOR THE PURPOSE OF A HARDSHIP REVIEW. THANK YOU.

Borrower Signature Date

Borrower Signature Date

Social Security Number

Social Security Number

FAX Cover Sheet

Sender's information

Name:

Telephone:

Number of Pages:

Receiver's information

To:

Fax:

Loan No.:

Required Information

Signed and dated Financial Worksheets

2 months of paystubs for: _____

2007 & 2008 W-2 forms

2008 complete 1040s

Year-to-Date Profit and Loss Statement for Self-Employed Borrowers

Social Security Income (Award Letter) for: _____

Spousal and/or Child Support Income

Supplemental Income or other: _____

Complete bank statements for the last two months

Current Homeowners Insurance Policy

Current and/or Delinquent Property Tax Information

Rental Agreement(s), Purchase Agreements