

Bridge Street Development Corporation

HOME OWNER INFORMATION WORKSHEET

Homeowner (A) _____

Homeowner (B) _____

Homeowner (A) Street Address _____

City _____ State _____ Zip Code _____

Homeowner (B) Street Address _____

City _____ State _____ Zip Code _____

Property Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone (A) _____ Home Phone (B) _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____

Email Address (B) _____

Homeowner (A) SSN _____ Homeowner (B) SSN _____

Homeowner (A) DOB _____ Homeowner (B) DOB _____

Homeowner (A) Employer 1 _____

Title _____ How Long? _____ Starting Date _____

Homeowner (A) Employer 2 _____

Title _____ How Long? _____ Starting Date _____

Homeowner (B) Employer 1 _____

Title _____ How Long? _____ Starting Date _____

Homeowner (B) Employer 2 _____

Title _____ How Long? _____ Starting Date _____

Office Use

Servicer Name: _____ Servicer Phone Number : _____ Relationship Mgr _____

Loan #: _____ Authorization Date _____

Bridge Street Development Corporation

MORTGAGE INFORMATION

	First Mortgage	Second Mortgage	Third Mortgage
Loan Info			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Paid Through Date			
Delinquent Amount			
Outstanding Balance			
Loan Type			
Sub-prime			
FHA			
VA			
Insured Conventional			
List MI Company			
Uninsured Conventional			
Rural Development			
Contract for Deed			
Other:			
Loan Terms			
Fixed Rate			
Adjustable Rate			
Hybrid ARM (2/28)			
Interest Only			
Option ARM			
40/30 Balloon			
80/20			
Deferred			
Balloon			
Other:			
Escrow Account Info			
Taxes Escrowed (Y/N)			
Delinquent tax amount			
Insurance Escrowed (Y/N)			
Delinquent insurance amount			
Homeowner Association (HOA) Info			
Name of HOA			
Monthly assessment			
Paid through date			
Amount outstanding			
Previous Workouts			
Type of Workout			
Date of Workout			
Completed? (Y/N)			

Counselor Initial _____ Review Date _____

Bridge Street Development Corporation

PROPERTY INFORMATION

Type of Property

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family detached | <input type="checkbox"/> 2-4 Unit | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Other | | |

Condition of Home

- Excellent Good Fair Poor

Date Purchased _____

Tax Assessed Value \$ _____

Currently for Sale? Yes No

List Price \$ _____

Real estate agent _____

Phone number _____

Length of time on market _____

HOUSEHOLD INFORMATION

Number of Adults Over 18 _____

Number of Children _____ Ages _____

Household Monthly Income	Gross	Net	Verification
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Other Employment Income	\$	\$	
Other Employment Income	\$	\$	
Social Security /SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies From Rental properties	\$	\$	
Household Members Over Age 18 Wages	\$	\$	
Food Stamps	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

Counselor Initial _____ Review Date _____

Bridge Street Development Corporation

Monthly Spending Plan

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Fixed Expenses				
Housing				
Mortgage(s)				
Second Mortgage				
HOA:				
Gas /Heating:				
Electricity:				
Telephone: Land Line				
Telephone: Cell				
Internet Service				
Cable/Satellite TV				
Triple Play (cable, internet, phone)				
Other:				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
Insurance				
Health (<i>medical and dental, if not payroll deducted</i>)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				
Periodic Fixed Expenses (Divide annual payment by 12)				
Housing				
Homeowners Insurance (<i>if not in mortgage payment</i>)				
Taxes (<i>if not in mortgage payment</i>)				
Water or Sewage monthly bill				
Trash Service				
Other:				
Transportation				
Car Insurance				
Car Repairs and Maintenance				
Other:				
Periodic Fixed Expenses Sub-Total				
Flexible Expenses				
Food				
Groceries (just money spent on food)				
School Lunches				
Work-Related (<i>lunches and snacks</i>)				
Other:				
Housing				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				

Counselor Initial _____ Review Date _____

Bridge Street Development Corporation

Monthly Expense	Current	Delinquency	Adjusted	Crisis
Flexible Expenses (Continued)				
Clothing				
Clothing				
Laundry and Dry Cleaning				
Other:				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				
Donations				
Religious or Charity				
Other (<i>if not payroll deducted</i>):				
Gifts				
Birthdays				
Major Holidays				
Other:				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco Products				
Beer, Wine, Liquor				
Other:				
Entertainment				
Movies, Sporting Events, Concerts, Theater, Etc.				
Video Rentals				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
Miscellaneous				
Checking Account Fees, Money Order Fees, Etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other:				
Flexible Expenses Sub-Total				

Monthly Debts				
Student Loan				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Credit Card (monthly minimum*)				
Medical Bills				
Personal Loan				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Other:				
Monthly Debts Sub-Total				

Counselor Initial _____ Review Date _____

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Household Assets		
Description	Value / Amount	Amount Owed
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand Over \$100		
Checking Account		
Savings Account		
Anticipated Tax Refunds		
Money Market Funds		
Stocks/Bonds/CDs/Annuities, etc		
IRA / Keogh Accounts		
Computer/TV/Electronics		
Furniture		
Boats / Jet Skis		
RV/ Recreational Homes		
Motorcycles / Snowmobile		
Farm Equipment		
Trailers		
Other Property		
Other:		

HOUSEHOLD ASSETS:

Please read below carefully: As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

Please sign below:

Signature

Date

Signature

Date

Counselor Initial _____ Review Date _____

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Describe what caused you to call our office and how did you hear about us.

What caused your situation? Please be honest - we can't help if you aren't truthful.

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How have you tried to fix your financial situation?

All of the information that I/We have provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file and no further assistance from the counselor will be provided.

Signature

Date

Signature

Date

Counselor Initial _____ Review Date _____