

PROPERTY TRUST GROUP

User Information		Fax to (206)333-1790	
www.BeatforeclosureFast.com	www.LoanRepairNow.com	Broker Name	Jim Krage
www.PuedoSalvarTuCasa.com	www.RepareSuHipoteca.com	info@LoanRepairNow.com	
Borrower Information		Borrower	Co-Borrower
First Name			
Last Name			
Date of Birth / Social Security #			
Mailing Address			
Home Phone			
Cell Phone			
Work Phone			
E-Mail			
Property Information			
Property Address			
Description	Lender 1	Lender 2	
Lender Name			
Account Number			
Interest Rate			
Loan Type			
Monthly Payment			
How many months are you delinquent?			
Months Delinquent on Taxes?			
Months Delinquent in Insurance?			
Is this property in foreclosure? (Sale Date)			
Is this property your primary residence?			
Do you plan to remain at this property?			
How much money is currently available?			
Ever been approved for a repayment plan?			
Ever approved for a Special forbearance?			
Were you ever approved for a Loan Mod?			
Were you ever approved for partial claim?			
Employment Information			
Description	Borrower	Co-Borrower	
Currently Employed			
Present Employer			
Position			
Length of Employment			
Payment Period			
Have You Ever Filed Bankruptcy? When?			
How much money do you have for Lender?			
How many people live in the house?			
How many dependents? (under 18)			
Asset Information			
Liquid Assets	Balance		
Checking/Savings			
Certificates of Deposit			
Stocks/Bonds/Mutual Funds			
Retirement Accounts			
Other:			
Non-Liquid Assets	Value (est.)	Amount Owed	
Primary Home			
Other Property			
Vehicle 1			
Vehicle 2			
Cash Value Life Insurance			
Other 1:			
Other 2:			

Income Information			
Monthly Amounts	Borrower	Co-Borrower	
Gross Pay			
Bonuses			
Paycheck Deductions			
Net Pay			
Disability/Retirement/Soc Sec			
Child Support/Alimony			
Rentals			
Unemployment			
Other 1:			
Other 2:			
Expense Information			
Category	Description	Monthly Payment	Months Delinquent
Property Loans	1st Mortgage		
	2nd Mortgage		
	Total Property Taxes		
	Total Property Insurance		
Other Loans		Monthly Payment	Balance Due
	Vehicle 1		
	Vehicle 2		
	Alimony/Child Support Student Loans		
Other 1:			
Other 2:			
Credit Cards	Major Credit Cards		
	Retail Credit Cards		
Utilities	Electricity		
	Home Heating		
	Water		
	Telephone		
	Cell Phone		
	Cable/Internet		
	Association Dues		
	Waste Disposal		
Insurance	Vehicle Insurance		
	Life Insurance		
Vehicle	Fuel		
	Maintenance		
Household	Number in Household		
	Groceries/Supplies		
	Day Care		
	Medical		
	Educational		
	Pet Care		
	IRS Monthly Payments		
<p>Please list categories that apply to your Hardship: (Unemployment, Reduced Income, Medical Bills, Too Much Debt, Business Failure, Job Relocation, Incarceration, Economy, Divorce/Separation, Death of Spouse or other Family Member, Illness, Military Service, Other</p> <p>Describe Your Hardship:</p>			
<p>Other:</p> <p>Comments</p>			
<p>Ready to Submit? Fax to (206)333-1790</p>			