



## REQUIRED DOCUMENT CHECKLIST FORM

Certain requirements *must* be met before a delinquency resolution can be considered.  
Please **complete** and **provide** copies of the following information for our review.

- Application**
- Service Agreement**
- Client Workout Package (sign and date ALL FORMS)**
- Payroll Stubs and/or Proof of Income verification Information for Last 30 days**  
(if paid every month we need at least 2 months and if self employed please supply a profit and loss showing a profit)
- Last Two Month's Bank Statements** (or a letter stating that you currently do not have a bank account)
- Two Years Federal Income Tax Returns – summary sheets only unless self employed in which case enclose schedule C** (or a letter stating that you did not file income taxes for that year)
- Mortgage Coupon Payment Stub or Lender Statement**
- Any recent Lender Correspondences Received**
- Correspondences from Lender's Attorney or Sheriff - if any**
- A Detailed letter of Hardship**  
(**INCLUDE DETAILS WITH DATES:** reason for delinquency, what you have done to attempt to workout problem in the past, what you have done to prevent this from reoccurring in the future). (SIGN & DATE)
- Supporting Hardship Information**  
(i.e. letter of termination, lay-off notice, letter from doctor, medical documentations etc.)

I/We \_\_\_\_\_, understand that the information that is needed to provide a complete assessment to my/our mitigation process is indicated above. ***I/We understand that without the complete information requested above, Immediate Foreclosure Solutions cannot assist me/us.*** I/We understand that my/our lender will proceed with foreclosure process. Notwithstanding the above, lender's right to the foreclosure process is not negated by mere submission of mitigation package.

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Printed Name(s)

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Signature(s)

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Date



# ***NOTICE***

I/We \_\_\_\_\_

Understand that the lender, investor, government agency, or other parties related to mortgage delinquency might, prior to postponing or canceling foreclosure action against you, require the following:

- More time to consider loss mitigation alternatives for your case.
- Need the outstanding legal fees and costs associated with your foreclosure.

I/We \_\_\_\_\_

Understand that Immediate Foreclosure Solutions is a private California company and is not affiliated with any government organization.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

# INFORMATION FORM

Feasibility Assessment for Reinstatement



|  |                             |                               |                                     |
|--|-----------------------------|-------------------------------|-------------------------------------|
| Name:                                    |                             | Address:                      |                                     |
| Spouse Name:                             |                             | City, State Zip:              |                                     |
| DOB:                                     | Spouse DOB:                 | SSN:                          | Spouse SSN:                         |
| Marital Status:                          | # Dependants:               | Ages:                         | Years There:                        |
| <b>Employment Information</b>            |                             | Home Phone:                   | Email:                              |
| Present:                                 |                             | Years:                        | Position:                           |
| Address:                                 |                             | Phone Number:                 |                                     |
| Spouse Employer:                         |                             | Years:                        | Position:                           |
| Address:                                 |                             | Phone Number:                 |                                     |
| Any Part-Time Work?                      | Employer:                   | Phone Number:                 |                                     |
| Any Part-Time Work? (Spouse)             | Employer:                   | Phone Number:                 |                                     |
| Have you ever been a client here before? | How did you hear about us?  |                               |                                     |
| Nearest relative not living with you:    |                             | Location: (City, State):      |                                     |
| Relationship:                            |                             | Relative's email:             | Phone:                              |
| <b>Lender Information</b>                |                             |                               |                                     |
| Lender Name:                             |                             |                               |                                     |
| Loan #:                                  |                             | Origination Date:             | Months Behind:                      |
| Purchase Date:                           |                             | Purchase Price:               | Balance:                            |
| Monthly Payment:                         | Value of Home:              | Interest Rate:                | Type: (FHA, Conv. Or VA)            |
| Second Mortgage:                         |                             | Loan #:                       | Monthly Payment (2 <sup>nd</sup> ): |
| Months Behind (2 <sup>nd</sup> ):        | Balance (2 <sup>nd</sup> ): | Have you declared bankruptcy? | When:                               |
| Date:                                    | Signature:                  | Signature:                    |                                     |

# ASSET FORM

## Section I: Assets

|  |    |                                      |    |
|--|----|--------------------------------------|----|
| Cash in bank (checking and savings accounts, building and loan accounts) | \$ | U.S. Savings Bonds (current value)   | \$ |
| Cash on Hand   |    | Stocks and/or other bonds (current   |    |
| Automobile (resale value):   |    | Real Estate Assessed Value           |    |
| 1.   |    | Other Assets (resale value) Specify: |    |
| 2.   |    | 1.                                   |    |
| 3.   |    | 2.                                   |    |
| Trailer, Campers, Boats (resale value)                                   |    | <b>Total Assets:</b>                 | \$ |

## Section II: Installment Contracts and Other Debts

NOTE: Show below ALL debts which you are required to pay in regular monthly installments, such as car, television, washing machine, credit cards, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc.

| Name of Creditor | Date and Purpose of debt | Original Amount | Unpaid Balance | Monthly | Amount Past Due |
|------------------|--------------------------|-----------------|----------------|---------|-----------------|
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
|                  |                          |                 |                |         |                 |
| <b>Totals</b>    |                          | \$              | \$             | \$      | \$              |

## Section III: Additional Data

|                                   |  |   |  |
|-----------------------------------|--|---|--|
| Have you ever filed a bankruptcy? |  | If so, was the current mortgage involved? |  |
| Date discharged from bankruptcy   | Location of the Court (City and State) | Docket number (if known)                  |  |

USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY OTHER PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWERS TO PREVIOUS ITEMS ABOVE TO WHICH YOUR COMMENTS APPLY.

## Section III: Additional Data

**I (We) AFFIRM that the information contained herein is true, correct and complete to the best of my (our) knowledge and belief.**

|                  |             |                  |             |
|------------------|-------------|------------------|-------------|
| <b>Signature</b> | <b>Date</b> | <b>Signature</b> | <b>Date</b> |
|                  |             |                  |             |

# ANALYSIS WORKSHEET

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| MI Certificate #  |  | Loan #                              |  |
| FHA #   |  | VA #                                |  |
|   |  | Primary Borrower's SSN:             |  |
| Mortgagor:  |  | Co-Mortgagor:                       |  |
| Lender:   |  | Lender Rep:                         |  |
| Lender Phone #'s:   |  |                                     |  |
| FAX #:  |  | Loan Type (VA,FHA, Conv):           |  |
| Monthly Payment:  |  | Payment (if late):                  |  |
| Late Charges:   |  |                                     |  |
| Months Behind:  |  | Months:                             |  |
| Total Arrears:  |  | Legal fees owed:                    |  |
| <b>Second Mortgage Information:</b>   |  |                                     |  |
| Lender:   |  | Loan #                              |  |
| Lender Rep:   |  | Phone #:                            |  |
| Dept:   |  | Date Loan Originated:               |  |
| FAX #:  |  |                                     |  |
| Monthly Payment:  |  | Payment (if late):                  |  |
| Late Charges:   |  |                                     |  |
| Months Behind:  |  | Months:                             |  |
| Total Arrears:  |  | Legal fees owed:                    |  |
| <b>Attorney Information (if any):</b>   |  |                                     |  |
| Does lender have an attorney involved?  |  | If so, which Mortgage (1st or 2nd)? |  |
| Name of the Law Firm:   |  |                                     |  |
| Address:  |  |                                     |  |
| Contact Person:   |  | FAX #:                              |  |
| Phone #:  |  |                                     |  |
| Publication started (when)?   |  | Foreclosure date?                   |  |
| Is property for sale?   |  | Is there a tenant?                  |  |
| Is property rental?   |  |                                     |  |
| Is property owner occupied?   |  | Do you wish to keep property?       |  |
| I/We, declare that the information contained herein is true and correct to the best of our knowledge. |  |                                     |  |



# Authorization Form

This form will serve to acknowledge that the captioned mortgagor has authorized our firm, Immediate Foreclosure Solutions to act in their behalf to resolve their mortgage problems. This is in accordance with Title 24 of the CFR 203.500(HUD).

## Mortgagor

Name:

Spouse Name:

Property Address:

City, State, Zip:

Social Security of the Primary Borrower:

## Mortgagee

Lender:

Street Address:

City, State, Zip:

Loan Number:

## Mortgagor's Signatures

Mortgagor:

Co-Mortgagor:

Patrick Coyne, CEO  
Immediate Foreclosure Solutions • 708 N. Millard Ave • Rialto, CA 92376  
(951) 235- 9430 • Fax (909) 875-5666

I/We \_\_\_\_\_

give the lender,  
(Lender Name) \_\_\_\_\_  
permission to perform a credit review.

My social security number is \_\_\_\_\_.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

My social security number is \_\_\_\_\_.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**AUTHORIZATION AND ACKNOWLEDGEMENT**

I have described my financial condition in the enclosed financial Statement and certify that all information presented therein as well as all attachments is true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obligates the lender, the investor or the Mortgage Insurers to provide assistance to me.

By making this Application for Financial Assistance to the lender, I hereby authorize the lender, the Investor and the Mortgage Insurers to:

- Order a credit report from any credit agency.
- Order a title search from any title company.
- Verify the accuracy of the information contained in this Financial Statement, including without limitation, any current or previous employment information.

I agree that I will notify the lender immediately of any material change in the financial information that I have provided herein. If I fail to do so, or if it is determined that the financial information provided herein has been misrepresented by me, and the lender, the Investor or the Mortgage Insurers make decisions which would not have been made had the true facts been known, then

- (1) I shall be liable for all costs incurred or damages suffered by the lender, the Investor or the Mortgage Insurers, and
- (2) the lender shall have the right in its sole discretion, to terminate any arrangement or agreement that has been extended to me based, in whole or in part, on the inaccurate or incomplete information that I have provided.

Submitted this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_

**BORROWER**

**CO-BORROWER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

**AUTHORIZATION FORM**

I hereby authorize \_\_\_\_\_ (“the lender”) to discuss my request for payment assistance with the individual(s) that I have identified below as my designated agent(s) (hereinafter the “Designated Agent”). Further, the lender is hereby authorized to negotiate the terms of a workout agreement with my Designated Agent and the deliver documents to my Designated Agent which concern my request for payment assistance. I understand that I will be fully responsible for reviewing any information that is sent by the lender to my Designated Agent. This Authorization will remain effective until I specifically notify the lender’s Workout Department in writing that this Authorization is of no further force and effect.

My Designated Agents are: Immediate Foreclosure Solutions – Patrick M Coyne

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_  
Signature