



**REQUIRED DOCUMENT
CHECKLIST FORM
GMAC**

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**
- Correspondence from Lender's Attorney - 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.

Printed Name(s)

Signature(s)

Date



NOTICE
GMAC

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

GMAC

Immediate
Foreclosure
Solutions

Name:		Address:	
Spouse Name:		City, State Zip:	
DOB:	Spouse DOB:	SSN:	Spouse SSN:
Marital Status:	# Dependants:	Ages:	Years There:
Employment Information		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:
Lender Information			
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 nd):
Months Behind (2 nd):	Balance (2 nd):	Have you declared bankruptcy?	When:
Date:	Signature:	Signature:	

Section I: Assets

Cash in bank (checking and savings accounts, savings 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)		Total Assets:	\$

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
Totals		\$	\$	\$	\$

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 NEEDED, 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.

Signature	Date	Signature	Date



ANALYSIS WORKSHEET GMAC

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:		Late Charges:	Payment (if late):
Months Behind:		Months:	
Total Arrears:		Legal fees owed:	
Second Mortgage Information:			
Lender:		Loan #	
Lender Rep:		Phone #:	
Dept:	FAX #:	Date Loan Originated:	
Monthly Payment:	Late Charges:	Payment (if late):	
Months Behind:	Months:		
Total Arrears:	Legal fees owed:		
Attorney Information (if any):			
Does lender have an attorney involved?		If so, which Mortgage (1st or 2nd)?	
Name of the Law Firm:			
Address:			
Contact Person:		Phone #:	FAX #:
Publication started (when)?		Foreclosure date?	
Is property for sale?	Is property rental?	Is there a tenant?	
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-GMAC

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

Please mail to:
GMAC Mortgage Corporation
ATTN:Customer Care Correspondence Unit
PO Box 780
Waterloo IA 50704-0780

Authorization and Release

I/we authorize Immediate Foreclosure Solutions
Printed Name of First Individual to be Authorized: Patrick M Coyne
Last 4 digits of the Social Security Number of Authorized Individual: 9458
Printed Name of Second Individual to be Authorized: _____
Last 4 digits of the Social Security Number of Authorized Individual: _____

(hereinafter referred to as the Requester(s)) to discuss my loan account, being account Number _____, with GMAC Mortgage Corporation, and to obtain information concerning my Account.

GMAC Mortgage corporation will take reasonable steps to verify the information provided above, but will have no responsibility or liability to verify the true identity of the requester when the Requester asks to discuss my Account or seeks information about my Account. Nor shall GMAC mortgage Corporation have any responsibility or liability with what the Requester does with the information he/she obtains concerning my Account.

For this authorization and for good and other valuable consideration, receipt of which is hereby acknowledged, I do hereby indemnify and hold harmless GMAC Mortgage Corporation, its successors and/or assigns from all actions and causes of actions, suits claims or demands against GMAC Mortgage Corporation, it successors and/or assigns which I or my heirs successors or assigns have, had or may have resulting from GMAC Mortgage Corporation discussing my Account and/or providing any information concerning my Account with or to the Requester or a person claiming to be the requester.

In Witness Whereof, I have signed this document of my own free will, intending to be bound thereby

Customer's Signature(s)

Customer's Printed Name(s)

Last 4 digits of the Customer's Social Security Number(s)

Date: _____

State of _____

County of _____

Notary Public

On this _____ Day of _____, _____, before me personally came

_____,
known to me to be the person(s) whose name(s) signed and executed this document.