

Please send copies of:			CITI LOAN NUMBER				
 2 recent consecutive pay stubs, or 2 consecutive months of bank statement 2 consecutive tax returns 			s, or				
what are your intentions re	garding this property	y: 🗆 Sell	□ Rent □	Reep			
PART A Borrower In	formation						
Borrower Name Social Security Number		Co-Borrower N	lame	Social	Security Number		
Borrower Phone No.			Co-Borrower Phone No.				
Day			Day				
Evening							
Cell			Cell				
Property Address:			Mailing Address (if applicable):				
Street			Street				
City			City				
State Zip			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? \Box Ye	es 🗆 No	Is this pro	operty for RENT	「? □ Yes □ No			
List Date		Monthly Rent M		Monthly Last Paid	d	Date Lease Expires	
Realtor Name							
Realtor Phone							
PART C Monthly Inc	ome						
DESCRIPTION (MONTHLY)							
Gross Salary/Wages							
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
1. Primary Home Mortgage	\$	\$	
2. Taxes on Primary Home (if not included in #1)	\$	\$	
3. Insurance on Primary Home (if not included in #1)	\$	\$	
4. Rent Payment (if owner not occupying subject property)	\$	\$	
5. Maintenance/Homeowners Association Fees	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Other Loans	\$	\$	
9. 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. Additional information may be necessary and Citi will need to speak with you during the assistance process.

1. Do you occupy this property as a Primary Residence? $\;\square\;$ Yes $\;\square\;$ No					
If Yes, how long have you live	ed at this residence? Years:	Months:			
2. How many people reside in	the household?				
3. Do you have any dependent	ts under the age of 18? \Box Y	′es □ No If Yes, how many?			
4. 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					
\$					
\$					
\$					
5. 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?		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
6. What is the amount of funds you immediately have available to apply toward your mortgage delinquency? \$					

7. In addition to the amount stated above, what amount will you have available in 30 days? \$



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Please try to complete as many of the questions as possible. Additional information may be necessary and Citi will need to speak with you during the assistance process.

Briefly explain the reason why you are behind on your mortgage payment(s) or are in imminent danger of defa 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

Social Security Number

3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST				
I ALSO AGREE THAT IF IT IS DET	ERMINED THAT I HAVE PR	HIS DISCLOSURE IS TRUE AND FACTUA ROVIDED INFORMATION THAT IS MISRE E BEEN TAKEN HAD THE TRUE FACTS I NDER OF MY MORTGAGE LOAN.	PRESENTED AND THEREBY	
Borrower Signature	Date	Borrower Signature	Date	
AU ⁻	THORIZATION T	O RELEASE INFORMAT	ION	
I/WE HEREBY AUTHORIZE YOU ANY AND ALL INFORMATION TH THANK YOU.		E PURPOSE OF A HARDSHIP REVIEW.		
Borrower Signature	Date	Borrower Signature	Date	

Social Security Number



FAX COVER SHEET

Sender's Information

Receiver's Information

Name:	То:			
Telephone:	Fax:			
Number of Pages:	Loan #:			
Required	Information			
☐ Signed and dated Financial Worksheets				
☐ 2 months of paystubs for:				
☐ 2006 & 2007 W-2 forms				
☐ 2007 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				