

Customer Financial Statement

Loan Number:									
Borrower Information					Co-Borrower Information				
Name:									
Social Security No.:									
Mailing Address:									
No. of Occupants:			No. of Dependents:					No. of Dependents:	
Home Telephone:									
Work Telephone:									
Employer:			How Long:					How Long:	
Occupation:									
Income		Assets			Income		Assets		
Monthly Gross		Account Type	Account Number	Balance	Monthly Gross		Account Type	Account Number	Balance
Rental		Checking			Rental		Checking		
Child Sup./Alimony exp. / /		Savings			Child Sup./Alimony exp. / /		Savings		
Disability		401K/Retirement			Disability		401K/Retirement		
Other		IRA/Keogh			Other		IRA/Keogh		
Less: Deductions		Stocks/Bonds/CD			Less: Deductions		Stocks/Bonds/CD		
Net(take home pay)		Other House(s)			Net(take home)		Other House(s)		
Liabilities					Expenses				
Creditor	Name & Account Number			Payment	Balance	Monthly Payment			
Mortgage						Child Sup./Alimony Exp. / /			
Other Mortgages						HOA Dues/Security System			
Other Liens						Food			
Auto Loan						Utilities (Including Telephone water, garbage tee)			
Auto Loan						Auto Maintenance & Ins.			
Personal Loan(s)						Child Care			
Student Loan(s)						Medical/Health & Life Ins.			
Credit Card						Entertainment (cable, internet, clubs, other)			
Credit Card						Clothing/Cleaning			
Credit Card						Church/charity/gifts			
Credit Card						Tuition/School expenses			
Other Cards						Home repairs/Maintenance			
Total:						Total:			
Do you occupy the property? Yes () No ()		Is it a rental? Yes() No()			If so, what is the monthly rent?				
Is the property listed for sale? Yes () No ()		Realtor's Name:			Realtor's Telephone:				

Have you contacted credit counseling services? Yes () No () Counselor: _____ Telephone: _____

Please explain briefly your hardship or reason for being delinquent on your mortgage.

What dollar amount can you contribute toward the default now? _____ No. of vehicles you own: _____

Please list any repairs needed on this property: _____

I (We) agree that the financial information provided is an accurate statement of my (our) financial status. I (We) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (We) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact ray realtor and/or credit counseling service representative (if applicable).

Borrower Signature

"Date

"Co-Borrower Signature

"Date

Personal Budget Worksheet

Loan Number: _____

Please complete the following in order for us to fully assess your situation and provide a response to your request for assistance.

Borrower Name:	_____
Co-Borrower Name:	_____
Property Address:	_____

Billing Address:	_____

Contact Information

Borrower	Home: _____	Co-Borrower	Home: _____
	Work: _____		Work: _____
	Mobile: _____		Mobile: _____

Income (List net income for all household members)	
Borrower:	_____
Co-Borrower:	_____
Other Household Members:	_____
Child Support/Alimony:	_____
Rental Income:	_____
Other Income:	_____
Please explain the reason you fell behind on your payments:	

Expenses (List minimum monthly payment)	
1st Mortgage (Include tax/ins):	_____
2nd Mortgage:	_____
Other Mortgages or Rent:	_____
Auto Loan 1:	_____
Auto Loan 2:	_____
Installment Loan(s):	_____
Credit Cards:	AA
Child Care:	AA
Child Support/Alimony:	_____
School/Tuition:	_____
Electric:	_____
Gas/Oil:	_____
Water:	_____
Auto Insurance:	_____
Life/Other Insurance:	_____
Transportation (gas, bus fare):	_____
Groceries:	_____
Dining Out:	_____
Cell Phone:	_____
Home Phone:	_____
Cable/Satellite:	_____
Internet:	_____
Misc/Other:	_____

Borrower: _____ **Date:** _____

Mail or FAX to:

 Home Retention Department
 475 CrossPoint Pkwy
 NY2-002-01-17
 Getzville, NY 14068

 Fax: 716.635.7255





Mail Stop: NY2-001-02-17
 475 CrossPoint Pkwy
 Getzville, NY 14068
 E-mail: lossmitigation@bankofamerica.com

Telephone: 1-800-846-2222
 Fax: 1-716-635-7252

Borrower Name: _____

Loan Number: _____

Event Name: _____

BORROWER REQUEST FOR HARDSHIP ASSISTANCE

Sometimes things occur beyond anyone's control that makes it difficult, if not impossible, for homeowners to meet their obligations. Bank of America wants to help. To complete your request for hardship assistance, we must consider your circumstances to determine your eligibility. Please provide the following information:

Property Address: _____

Hm #: _____ Wk #: _____ Cell #: _____

Best time to call: _____ E mail: _____

How did you hear about this event: _____

Please check all that apply:

I live in this house

Occupants in home: _____

This is a second house

This house is vacant

This is a rental property (monthly rent: \$_____)

Active BK: (if yes, chapter &/or case #) _____

INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Net Income (monthly income after taxes and benefits are deducted)				
Disability				
Rental Income				
Unemployment				
Child Support / Alimony				
Other				
TOTAL MONTHLY NET INCOME				

Current Employment Status Primary Homeowner: (please check one)

- Employed Full-Time Employed Part-Time Unemployed/Not Working Self-Employed Retired

Current Employment Status Additional Occupant(s): (please check one)

- Employed Full-Time Employed Part-Time Unemployed/Not Working Self-Employed Retired

HOUSEHOLD

In an effort to evaluate all of the workout options available to you, Bank of America will order a credit report to verify your income and credit obligations.

LIABILITIES & EXPENSES	CURRENT		
Credit Card (minimum pmts) How many cards with balances?			
Auto Loan (Monthly Payment Per Vehicle)	(1)	(2)	(3)
Auto Insurance			
Auto Expenses (gas, maintenance, etc...)			
Transportation (mass transit fees / bus passes / parking / tolls)			
Electricity/ Gas/ Water			
Telephone/ Cellular phone			
Cable / Satellite Dish / Internet			
Groceries / Household Supplies			
Childcare / School Tuition			
Medical Expenses			
Installment Loans	(1)	(2)	
Spending Money			
Miscellaneous (please describe)			
TOTAL MONTHLY EXPENSES			

Net Income: _____ - Expenses: _____ = Surplus: _____

Borrower Name: _____ Loan #: _____

CURRENT MORTGAGE INFORMATION

1st Lien Mortgage Payment (PI): _____ Taxes & Insurance: _____

2nd Lien Mortgage Payment (PI): _____ Taxes & Insurance: _____

Loan Type: _____ LTV%: _____

Are Property Taxes and Homeowners Insurance current (if paid separately)? _____

REQUIRED DOCUMENTS

2 Months Bank Statements 2 Months Pay Check Stubs Letter of Authorization 1099 (if Self-Employed)

REASON FOR DEFAULT/HARDSHIP

Please provide a brief summary stating the reason for the default or hardship below. Feel free to provide an additional page if necessary.

AUTHORIZATION FORM IF WORKING WITH A HOUSING COUNSELOR OR FAMILY MEMBER NOT ON THE LOAN

I here by authorize Bank of America 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, Bank of America is hereby authorized to negotiate the terms of a workout agreement with my Designated Agent and to 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 Bank of America to my Designated Agent. This Authorization will remain effective until I specifically notify Bank of America's Loss Mitigation Department in writing that this Authorization is of no further force and effect.

My Designated Agents are: _____
Agent or family member name (please print) Agency Name (please print)

Date: ____ / ____ / _____
Borrower / Co-borrower's name (please print) Borrower/Co-borrower's Signature

BANK OF AMERICA CONTACT INFORMATION

Bank of America
Loss Mitigation
475 CrossPoint Pkwy Telephone Number: 1-800-846-2222
Mail Stop: NY2-001-02-17 Fax Number: 1-716-635-7252
Getzville, NY 14068 Email Address: lossmitigation@bankofamerica.com

Notes: _____

I (we) agree that the financial information provided is an accurate statement of my (our) financial status.

Signature of Borrower

Signature of Co-Borrower

Bank of America is required by law to inform you that information provided by you on this form may be used to collect debt.

Date:

Authorization To Release Information

Mortgagor Name(S):

Property Address:

Mortgage Loan No.:

I/We Authorize Bank of America Mortgage to disclose information regarding the mortgage account referenced above, to the following individual(S):

NAME	(SSN)
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NAME	(SSN)
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*Social Security Number is required for verification purposes

I understand that my authorization entitles the individual(S) Named above to obtain any account information on my behalf. I also understand that I will be responsible for any servicing fees incurred as a result of inquiries made by the individual(S) named above**.

(MORTGAGOR SIGNATURE)	(DATE)	(SSN)
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(ADDITIONAL MORTGAGOR)	(DATE)	(SSN)
------------------------	--------	-------

(ADDITIONAL MORTGAGOR)	(DATE)	(SSN)
------------------------	--------	-------

(ADDITIONAL MORTGAGOR)	(DATE)	(SSN)
------------------------	--------	-------

**For information regarding our servicing fees, please call our Customer Service Department at 1.800.285.6000.

Please note that this authorization will remain effective until a written revocation is received, signed by all mortgagors who have signed above.

A photocopy of this document shall also serve as an Authorization to provide the information requested.