

Law Office of Dennis R. Poll
77 McAllister Street
San Francisco, CA 94102
(415) 572-6701
(415) 358-5991 (fax)

LOAN MODIFICATION PACKAGE CHECKLIST

Client Authorization signed.

Financial Worksheet or other financial statement completed.

Short hardship letter describing reasons qualified for modification.

Last two months pay stubs if borrower is salaried.

Profit and loss if borrower is self-employed - year to date.

Last two months bank statements.

Last two years tax return (Federal 1040 form)

Mortgage statement(s) from current lender(s).

Any legal notices and correspondence from lender(s).

Copies of documents from any prior attempt to modify loan.

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CLIENT AUTHORIZATION

Client Name: _____

Social Security: _____

Client Name: _____

Social Security: _____

Property Address:

Mortgage Company:

Loan Number: _____

I/we hereby authorize Dennis R. Poll, Attorney at Law, to act as my/our representative in negotiation and correspondence with the mortgage company or mortgage servicer listed above. This includes, but is not limited to, requesting payment records, loan documents, disclosures, loan history and any other information needed in processing a forensic loan audit or real estate transaction audit. Client also agrees that any loan modification agreement with lender will be sent to Attorney's office for review before signing.

By signing below I/we agree to the terms listed above.

Client: _____

Date: _____

Client: _____

Date: _____

Borrower Name: _____
 Loan Number: _____

FINANCIAL WORKSHEET

BORROWER INFORMATION

Property Address: _____

 Hm #: _____ Wk #: _____
 Cell #: _____
 Best time to call: _____ E mail: _____

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 Bankruptcy

Borrower Name _____ Social Security # _____
 Co-Borrower Name _____ Social Security # _____
 Mailing Address: _____

EMPLOYMENT INFORMATION

BORROWER

CO-BORROWER

Employer _____ Employer _____
 Position _____ Position _____

INCOME DATA

HOUSEHOLD INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Employment Income	\$		\$	
Disability	\$		\$	
Rental Income	\$		\$	
Unemployment	\$		\$	
Child Support / Alimony	\$		\$	
Other	\$		\$	
TOTAL MONTHLY INCOME				

Income Frequency: (please check one)

Primary Homeowner:

Weekly Bi-Weekly Semi Monthly Monthly Quarterly Yearly

Additional Occupant(s):

Weekly Bi-Weekly Semi Monthly Monthly Quarterly Yearly

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

ASSETS / LIABILITIES

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Automobile Make / Model			
Deposit Accounts – Checking / Savings			
IRA / KEOUGH Accounts			
401K Savings Plan			
Stocks / Bonds / CDs			

