REQUEST FOR FINANCIAL INFORMATION ON CASE # _____

Idaho Housing and Finance Association uses this information to help determine the type of help, if any, that can be provided to assist you in avoiding foreclosure of your mortgage.

Your Name _____ Name of Spouse _____
Address _____ Home Phone # _____
City _____ Cell # _____
Your Work # _____
Zip Code _____ Spouse Work # _____

PEOPLE & INCOME OF HOUSEHOLD

List all persons in home, including children, grandchildren, roommates, etc. Income should include funds from wages, social security, child support, disability, welfare and unemployment, etc. *****ATTACH COPIES OF LAST 2 MONTHS PAYSTUBS*****

Name of Each Person Living in Household	Date of Birth (MM/DD/YY)	Relationship	Source of Income: Work, Disability, Unemployment, Child Support, SSI etc.	*****TAKE HOME PAY - NEED 2 MONTHS OF CURRENT PAYSTUBS AND/OR PROOF OF ANY INCOME *****
		Self		$
		Spouse		$
		Child		$
		Child		$
		Child		$
		Roommate	Lease Agreement $	$
				$0.00 TOTAL INCOME

List name and address of all sources of income (employer/government agency, etc)

Name & Address of Employer	Name & Address of Employer
Company Name	Company Name
Address	Address
Phone # Fax #	Phone # Fax #

If been with current employer less than 6 months, complete the following:

Name & Address of Previous Employer	Name & Address of Previous Employer
Company Name	Company Name
Address	Address
Phone # Fax #	Phone # Fax #

Do you receive food stamps? ☐ No ☐ Yes If yes, how much per month? _____
Do you have 401K deducted monthly? ☐ No ☐ Yes If yes, how much per month? _____
Have you ever filed bankruptcy? ☐ No ☐ Yes If yes, what chapter? _____
Is property listed for sale? ☐ No ☐ Yes If yes, with whom? _____

Property Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
List any repairs, if needed: _____
Do you own any real estate besides your home? ☐ No ☐ Yes
Description of property_____ Value $_____
Monthly Payments $_____ Monthly Rental Income $_____

****** ATTACH 2-3 MONTHS OF CURRENT BANK STATEMENTS ******

MONTHLY EXPENSES

DATE LAST PAYMENT MADE:		***DATE LAST PAYMENT MADE:***		
Primary Mortgage Payment	$	2nd Mortgage Payment	$	
Auto Payment (s)	$	Medical (**not paid by insurance**)	$	
Cable/Satellite/Internet	$	Miscellaneous Debt	$	
Car Insurance/Gas/Maintenance	$	Pay Day Loan **Balance**	$	
Child Support (you pay)	$	Personal Loan	$	
Clothing & Essentials	$	Phone/Cell Phone	$	
Day Care	$	Prescriptions	$	
Diapers/Baby Food/etc.	$	Recreation	$	
Entertainment	$	School Expenses/school lunches	$	
Grocery Expenses	$	Student Loan(s)	$	
Home Maintenance Repairs	$	Tithing/Religious Organizations	$	
Home Owners Association Dues	$	Total Credit Card Debt	$	
Life Insurance/Health Insurance	$	Utilities (power, gas, water, etc)	$	
	$0.00		**$0.00**	**TOTAL $0.00**

REASON YOU FELL BEHIND ON HOUSE PAYMENT? UNEMPLOYMENT BENEFITS/CAR REPAIR/MEDICAL BILLS

_____
_____
_____

PROPOSED PLAN TO BRING LOAN CURRENT

_____
_____
_____

PLEASE USE REVERSE SIDE OF PAPER FOR ADDITIONAL COMMENTS