



SHORT SALE CLIENT CHECKLIST

ITEMS NEEDED

- _____ Copy of house keys for lockbox
- _____ Copy of Mortgage Coupons / Statements
- _____ Any recent correspondence from lender or lender's attorney
- _____ Copy of any bankruptcy, petitions, discharges, or dismissals, divorce decrees, and loan modifications
- _____ 2 months bank statements
- _____ Hardship Letter
- _____ Support for Hardship such as medical records, divorce decree, or a letter of termination
- _____ One month of pay stubs
- _____ HOA documents
- _____ Last 2 years W-2's/ 1099's and tax returns (signed)

Federal tax returns (last 2 years)

You will only need the first two pages of the Federal tax returns and only Federal tax returns are necessary.

If a client has filed their tax returns, but cannot find them, have your client call 1-800-829-1040, which is the IRS automated tax request line and have them mail copies of their tax returns free of charge.

COMPLETED FORMS

- _____ Client Information Form
- _____ Property Information Form
- _____ Lender Information Form
- _____ Authorization Release Form (one for each lender/lien holder)
- _____ Income Form
- _____ Expense Form
- _____ Hardship Letter
- _____ Payoff Request

YOUR REAL ESTATE AGENT FOR THE

JERSEY SHORE

Ocean City | Sea Isle | Ventnor | Margate | Longport | The Wildwoods | Strathmere | Avalon | Stone Harbor | Cape May
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CLIENT INFORMATION

BORROWER Name:		Date of birth:	SSN:
Current address:		Cell:	
Other address(s):		Work:	
		Fax:	
		Home:	
		E-mail:	
Marital status:	# of dependents:	Ages of dependents:	
Employer:	Full or part time:	Years on current job:	
Employer address:		Employer phone#:	
Additional employer:	Employer address:	Years on job & positions held:	Employer phone#:

CO-BORROWER Name:		Date of birth:	SSN:
Current address:		Cell:	
Other address(s):		Work:	
		Fax:	
		Home:	
		E-mail:	
Marital status:	# of dependents:	Ages of dependents:	
Employer:	Full or part time:	Years on current job:	
Employer address:		Employer phone#:	
Additional employer:	Employer address:	Years on job & positions held:	Employer phone#:

PROPERTY INFORMATION

SUBJECT PROPERTY ADDRESS:		Assessor/tax parcel#:
Purchase price: \$	Purchase date:	Current value estimate: \$
Has the property been listed for sale recently?	If so, for how long?	Is the property rental or owner occupied?
If so, are there current tenants? Name (s): Phone #(s):	Are the taxes current?	Do you wish to stay in the home?
Are there any liens, assessments, judgments, etc. against the property other than your mortgages? If so, explain:		

WHEN YOU SECURED THE LOAN FOR THE SUBJECT PROPERTY WAS IT DESIGNATED :

☐ primary residence owner occupied
 ☐ investment
 ☐ second home

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LENDER INFORMATION

FIRST MORT GAGE:

Lender Name:		Lender phone#:	
Loan#:	Loan type: (Circle One) Conventional FHA VA Other: _____		
Mortgage payment: Including tax, insurance?	# of months behind:	Which months are you behind?	Total ____ ages?
Is a foreclosure date set?	If so when is it?		Lender's attorney & phone#(s):
Have you had a previous work out?	Is so what are terms?		If so when was it?
Was previous work out successfully completed? Please explain:			
Total arrear on this loan?	Legal & late fees:	Copy of mortgage statement	

SECOND MORT GAGE:

Lender Name:		Lender phone#:	
Loan#:	Loan type: (Circle One) Conventional FHA VA Other: _____		
Mortgage payment: Including tax, insurance?	# of months behind:	Which months are you behind?	Total ____ ages?
Is a foreclosure date set?	If so when is it?		Lender's attorney & phone#(s):
Have you had a previous work out?	Is so what are terms?		If so when was it?
Was previous work out successfully completed? Please explain:			
Total arrear on this loan?	Legal & late fees:	Copy of coupon or mortgage statement? Yes - No	

I certify that the information I have provided above is truthful and accurate.

Client signature: _____ Date: _____

Client signature: _____ Date: _____

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Main Office: 609.398.5333

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AUTHORIZATION FORM

This form will serve to acknowledge that the captioned mortgagor has authorized the Jeff Quintin Super Team with Prudential Fox & Roach, to act on their behalf to resolve their mortgage problems including, but not limited to; work out programs, deed in lien or short sales and pay off figures. This is in accordance with Title 24 of the CFR 203.500 (HUD).

MORTGAGOR (HOMEOWNER)

Borrower: _____

Co-Borrower Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Social Security of Primary Borrower: _____

MORTGAGEE (LENDER)

Lender: _____

Contact with Lender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Loan Number: _____

Lender/Other Phone #: _____ Lender/Other Fax#: _____

Loss Mitigation Specialist: _____

Loss Mitigation Specialist: _____

Escrow Officer: _____

Listing Agent: Jeff Quintin, Listing Agent and/or Kristin Linderman, Listing Coordinator

MORTGAGOR SIGNATURES

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____

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INCOME FORM

BORROWER

CO-BORROWER

Gross Wages:		Gross Wages:	
Est. Overtime Pay:		Est. Overtime Pay:	
Commissions / Bonuses:		Commissions / Bonuses:	
Pension:		Pension:	
Unemployment Income:		Unemployment Income:	
Child Support / Alimony:		Child Support / Alimony:	
Disability Income:		Disability Income:	
Rental Income:		Rental Income:	
Ssi:		Ssi:	
Other:		Other:	
Interest Dividends		Interest Dividends	
-Fed Income Tax:		-Fed Income Tax:	
-Fica		-Fica	
-State Income Tax		-State Income Tax	
-Other		- Other	
I. Total Net Income:		li. Total Net Income:	
		lii. Income (I + li):	

I certify that the information I have provided above is truthful and accurate.

Client signature: _____ Date: _____

Client signature: _____ Date: _____

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ASSET FORM

REAL ESTATE

	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Primary Residence Address	\$	\$	\$
Property Address	\$	\$	\$
Iv. Total	\$	\$	\$

ASSETS

	BORROWER	CO-BORROWER	TOTAL
Cash	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings / Money Market	\$	\$	\$
Stocks / Bonds / Cds	\$	\$	\$
Ira / Keogh Accounts	\$	\$	\$
401k / Esop Accounts	\$	\$	\$
Collectables	\$	\$	\$
Other	\$	\$	\$
V. Total	\$	\$	\$

BANKRUPTCY INFORMATION

Chapter Type		Attorney's Name	
Filing Date		Attorney's Phone #	
Case Number		Active Now? (Y/N)	
Est. Discharge Date		Home Included?	

I certify that the information I have provided above is truthful and accurate.

Client signature: _____ Date: _____

Client signature: _____ Date: _____

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EXPENSE FORM

MONTHLY EXPENSES (ALL BORROWERS)

Mortgage/ Land Contract	\$	CREDIT CARDS	Visa	\$
Other Mortgages/ Liens	\$		Mastercard	\$
Real Estate Taxes	\$		Discover	\$
Alimony Or Child Care	\$		Am Ex	\$
Auto Loan	\$		Other	\$
Auto Loan	\$		Other	\$
Boat Loan	\$		Other	\$
Furniture Loan	\$		Other	\$
Utilities – ELECTRIC	\$	MEDICAL	Doctor/Dentist	\$
Water / Sewer	\$		Pharmaceutical Drugs	\$
Food	\$		Hospital	\$
Hoa	\$		Other	\$
Other	\$	MISC	Home Phone	\$
INSURANCE	Auto		Cell Phone	\$
	Health		Internet	\$
	Life		Clothing	\$
	Dental		Cable Tv	\$
	Homeowners		Entertainment	\$
AUTOMOBILE	Gas		Vacation	\$
	Parking		Gifts	\$
	Maintenance		Other	\$
	Other		Vii. Total	\$

Enter Total Income:	Total Of Section Iii And V:	\$
Enter Total Expenses:	Total Section Vii:	\$
Enter Real Estate Net:	Total Section Iv:	\$
Subtract Total Expenses From Total Income And Enter Difference:	Difference:	\$

Client signature: _____ Date: _____

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AUTHORIZATION AND ACKNOWLEDGEMENT

I obtained a mortgage loan secured by the above referenced, mortgage property. I certify that all the information presented herein as well as attachments are true, accurate and correct to the best of my knowledge. I understand that submission of this information in no way obligates my mortgage servicer, owner or my mortgage insurer to provide assistance to me.

By signing this Financial Statement, I hereby authorize my mortgage servicer and/or mortgage insurer to order a credit report from any credit reporting agency and, if deemed necessary, verify current or previous employment, bank accounts, tax returns or assets.

I agree that if the financial information provided here is incorrect and such errors have induced actions by the mortgage servicer, owner of my mortgage or mortgage insurer that would have been taken had the true facts been known, I shall be liable for any and all losses or damages to those persons.

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____

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HARDSHIP LETTER OUTLINE

(REMEMBER LENDERS LIKE TO SEE "SACRIFICE")

- 1) The First 3 or 4 sentences should be about how life was when the house was purchased (or when the loan was taken out).
- 2) The next few sentences should talk about what changed or turned around that makes the hardship.
- 3) Explain all expenses you have eliminated, for example, cut off cable TV, cut off cell phones, eliminated outside entertainment, no more long distance phone calls, cut back on food costs by bagging lunches instead of eating out, cut back on dry cleaning, have reduced utility expenses, no more pay-per-view cable TV, movies or any - thing else you have cut back on.
- 4) If you have gone or are scheduled to go on a budgeting class or a credit counseling company that specialized in helping reduce credit card debt, please be sure to mention it.
- 5) Please be sure to mention anything else you have done to help you get back on your feet.
- 6) The last 3 or 4 sentences should explain what life is like now for you and that you have decided to sell and do not want to stay in the home.
- 7) Remember anything you say in the hardship letter about what caused your delinquency needs to be verified. Get any and all documents you can to verify everything written in hardship letter about what caused your delinquency.
- 8) Thank them for their consideration and BE SURE TO SIGN THE HARDSHIP LETTER . Do not misrepresent, do not over exaggerate and TELL IT HOW IT IS .

HANDWRITING IS REQUIRED AND PREFERABLY LESS THAN A FULL PAGE.

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DATE _____

TO WHOM IT MAY CONCERN:

MY NEW WIFE AND I DECIDED TO BUY A HOME AS WE HAD TWO INCOMES AND A SMALL DOWN PAYMENT. WE WERE TOLD THAT WE COULD AFFORD A HOME IF WE WENT WITH AN ADJUSTABLE RATE LOAN. WE FELT CONFIDENT THAT IN TWO YEARS THINGS WOULD BE BETTER.

THEN MY WIFE LOST HER JOB & SHE HAD OUR BABY JUST BEFORE THE RATES ADJUSTED UPWARD, AND NOW WITH JUST MY INCOME WE CAN'T MAKE THE PAYMENTS. EVEN WITH MY GETTING A SECURITY GUARD JOB IN THE EVENINGS. OUR HOUSE VALUE WE ARE TOLD HAS GONE UP SOME BUT NOT ENOUGH TO COVER THE LOANS AGAINST THE HOUSE.

WE TRIED SAVING MONEY BY RENTING A ROOM TO MY BROTHER, SELLING MY WIFE'S CAR, AND NOT TAKING VACATIONS OR TIME OFF. BESIDES WE GOT COUNSELING FROM CONSUMER CREDIT COUNSELING.

WE ARE NOW SO FRUSTRATED WITH THIS WHOLE SITUATION WE HAVE DECIDED TO MOVE BACK WHERE WE ARE FROM IN ARKANSAS AND JUST START OVER. AT LEAST WE HOPE TO IF WE CAN SAVE OUR CREDIT BY NOT GOING THRU BANKRUPTCY OR FORECLOSURE. THANK YOU KINDLY FOR YOUR CONSIDERATION OF THIS REQUEST FOR A SHORT SALE OF OUR HOME.

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PAYOFF REQUEST

Prudential Fox & Roach Realtors
5501 West Avenue
Ocean City, NJ 08226

Office: 609-398-JEFF (5333)
Fax: 609-399-2790

CLIENT NAME : _____

PROPERTY ADDRESS: _____

To Whom It May Concern:

I/We hereby authorize E Real Estate & Loans, Inc. to receive information concerning the payoff of mortgage loans(s), credit line loan(s), credit card account(s), and/or judgments.

This information is confidential and to be used for processing the sale of our home.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signatures of the undersigned) may be deemed equivalent of the originals.

YOUR PROMPT REPLY AND RELEASE WILL BE VERY MUCH APPRECIATED!

Borrowers Signature: _____ Date: _____

Co-Borrowers Signature: _____ Date: _____

Borrower's Social Security Number: _____

Co-Borrower's Social Security Number: _____

1st Mortgage Company: _____ Account #: _____

2nd Mortgage Company: _____ Account #: _____

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