

Consumer Hardship Papers

Loan # _____

Collateral: _____

Loan Balance: _____

Borrower Information			
Borrower's Name		Co-Borrower's Name	
Mailing Address:		Mailing Address:	
Home Phone #:	Work Phone #:	Home Phone #:	Work Phone #:
SSN #:	DOB (DD/MM/YY):	SSN #:	DOB (DD/MM/YY):
Dependents (Not listed by Co-borrower): How many?		Dependents (Not listed by Borrower): How many?	
Have you filed Bankruptcy? Yes No		Have you filed Bankruptcy? Yes No	
If Yes: Chapter 7 Chapter 13		If Yes: Chapter 7 Chapter 13	
Filing Date:		Filing Date:	
Have you contacted credit-counseling services? Yes No		Have you contacted credit-counseling services? Yes No	
If Yes, When?		If Yes, When?	

Monthly Income			
Borrower-Employer:		Co-Borrower-Employer:	
Position:	Years Employed:	Position:	Years Employed:
Gross Wages: \$		Gross Wages: \$	
Net Wages: \$		Net Wages: \$	
Child Support: \$		Child Support: \$	
Alimony: \$		Alimony: \$	
Social Security Income: \$		Social Security Income: \$	
Unemployment Income: \$		Unemployment Income: \$	
Disability Income: \$		Disability Income: \$	
Rental Income: \$		Rental Income: \$	
Other Income: \$ ()		Other Income: \$ ()	

Assets / Liabilities

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property (Auto/Boat)	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA/401K/Keogh Accounts	\$	\$	\$
Stocks/Bonds/CD's	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

Expenses

Description	Monthly Payment	Balance Due	Delinquent	Yes No	
				Yes	No
First Mortgage	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Second Mortgage	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Rent	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Loan #1	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Loan #2	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Auto Expenses/Gasoline/Insurance	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Other Loan 1	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Other Loan 2	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Credit Card 1	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Credit Card 2	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Credit Card 3	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Liens (Judgments, Taxes)	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Alimony/Child Support	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>
Child Care	\$	\$		<input type="checkbox"/>	<input type="checkbox"/>

