



Foreclosure Questionnaire

Contact Information:

Name: _____

Home Address: _____

(Street) (Apt. #)

(City/State/Zip Code)

Property Address: _____

(Street) (Apt. #)

(City/State/Zip Code)

Telephone: () _____ (HOME)

() _____ (CELL)

() _____ (OTHER)

Employment Information:

Employer: _____

Supervisor: _____

Telephone: () _____

How long at Current Employer: _____

Earnings: _____ () Weekly () Bi-weekly () Monthly () Annually

Social Security Number: _____ (REQUIRED)

Other Recurring Expenses:

Taxes: \$ _____/mo Medical Expenses: \$ _____/mo Health Insurance: \$ _____/mo

Groceries: \$ _____/mo Credit Cards: \$ _____/mo Car Insurance: \$ _____/mo

Gas: \$ _____/mo Electricity: \$ _____/mo Other Loans (specify): \$ _____/mo

Water: \$ _____/mo Phone: \$ _____/mo Clubs/ Union Dues: \$ _____/mo

Other (specify) \$ _____/mo Car Note: () Yes () No Amount: \$ _____/mo

Mortgage/Lien Information:

Mortgage Holder: _____ (REQUIRED)

Loan #: _____ (REQUIRED)

Monthly Mortgage Amount: _____ (REQUIRED)

Contact Name: _____

Year Purchased: _____ Purchased Price: \$ _____

Current Market Value: \$ _____

Late on Taxes: () Yes () NO

Last Tax Payment: date: _____

Property Tax Amount: \$ _____

Type of Loan: () FHA () FNMAE () CONV

Lien: () Yes () No Lien Holder(s): _____

Bankruptcy: () Yes () No

Property Information:

Number of Bedrooms: _____ Number of Bathrooms: _____

Approximate sq. ft.: _____ Garage: () Yes () No

Pool: () Yes () No

Property Condition: () Excellent () Good () Fair () Poor

Surrounding Property Condition: () Excellent () Good () Fair () Poor

Comments:

