



d) BORROWER FINANCIAL STATEMENT

Borrower Name:		Social Security Number:		
Is your home for sale? Yes No		Agent's Name:		Agent's Phone Number:
Date Listed?		Listing Amount:		Current Listing Price:
Property Address:				
Mailing Address (#, Street, Apt.):				
Mailing Address (City, State, Zip):				
Total number of persons living at this address:			Number of dependents at this address:	
Home Phone:			Work Phone:	
Co-Borrower Name:			Social Security Number:	
Home Phone:			Monthly Income (Wages): \$ _____ / month	
Have you contacted Credit Counseling Services? Yes No				
Additional Income (not wages): \$ _____ / month* Source:				
*Notice: Include Alimony, Child Support, Disability, Rental Income, Social Security, Welfare/Food Stamps. All requested information must be received before a workout plan can be reviewed for approval.				
ASSET TYPE:	Estimated Value:	LIABILITY TYPE:	Payment per Month:	Balance Due:
Home		Alimony - Child support		
Other Real Estate		Dependent Care / Child Care/ Tuition		
Checking Accounts		Cable/ Cell phone		
Savings - Money Market		Other Mortgage(s) / Rent		
IRA/Keogh Accounts		Personal Loan(s) - Credit Cards		
401K/ESOP Accounts		Medical Expenses		
Stocks, Bonds, CD's		HOA Fees/Taxes/ Hazard Insurance		
Rental Property		Automobile(s)		
Auto 1, Auto 2, Boat		Tax Liens & Homeowners Insurance		
		Utilities (water, gas, electric, phone)		
		Food		
Other Investments		Auto Expenses (gas/maintenance)		
Reason for delinquency (dates of hardship):				



I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent and/or credit counseling service representative (if applicable), or to contact third parties pertaining to a sale of my property.

Submitted this _____ day of _____ 20 _____.

By: _____ Date: _____
Signature of Borrower

BY: _____
DATE: _____
SIGNATURE OF CO-BORROWER

Before mailing, make sure you have signed and dated the form and attached a copy of your most recent pay stub and bank statements of your checking and/or savings account to it. If you are self-employed, attach a copy of your most recent Federal tax returns with schedules.

e) ADDRESSES AND FINANCIAL INSTRUCTIONS

RIGHT FAX NUMBER: 972-402-7358

OVERNIGHT ADDRESS (for Financial Packages):

EMC Mortgage Corporation
PO Box 293030
Lewisville, Texas 75029-3030
Attn: Loss Mitigation Department

OVERNIGHT ADDRESS (for payments):

EMC Mortgage Corporation
800 State Highway 121 Bypass
Lewisville, Texas 75067
Attn: Loss Mitigation Solicitors

BANK TO BANK WIRING INSTRUCTIONS:

Chase Bank of Texas
ABA# 113000609
Credit Account# 07001224500
You must reference your EMC Loan Number
ATTN: Loss Mitigation
(Physical Address for Chase bank of Texas: 220 Ross Ave., Dallas, TX.)

WESTERN UNION INSTRUCTIONS:

Code City: EMC
Code State: TX
ATTN: Loss Mitigation