



CERTIFIED DISTRESSED
PROPERTY EXPERT®

CDPE Homeowner Document Checklist



Date _____ Owner _____

Address _____

Prepared by _____

Phone _____

Homeowner E-mail Address _____

In order to have the opportunity to negotiate with your lender we will need to have the following documentation. Please note, when we get a contract we may need updates on each item so please make certain you set aside statements and paycheck stubs as you get them.

- Two months most recent mortgage statements (all mortgages)
- Two months checking account statements (all borrowers if separate)
- Two months savings account statements (all borrowers if separate)
- Two months other account statements (all borrowers if separate)
- Last two paycheck stubs (all borrowers)
- Two years tax returns
- IRS Form 4506 Request for Copy of Tax Return
- Hardship Letter (see samples)
- Financial worksheet (provided)
- Other _____
- Other _____
- Other _____

FAX THE ABOVE ITEMS TO: (205) 991-9828

ATTENTION: Collier Swecker

Or

E-MAIL TO: Collier@MegaAgentRealEstate.com



Authorization To Release Info



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This release will be used for the purpose of facilitating and expediting the transaction contemplated by the listing agreement between the undersigned and_____. It will be used to obtain personal and financial information of the undersigned. The authorized parties listed below shall use all reasonable means to ensure the information provided is used for the purposes set out below. The parties listed below shall not be liable and shall be held harmless from and for any claims of loss or damage caused in connection with the use of this authorization. I hereby authorize__

Collier Swecker of RE/MAX Advantage (whose phone number is (205) 249-3535 and fax number is (205) 991-9828) and/or any designated agent, assistant, Title Company or its agents to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property, including homeowner’s association, taxes, liens, and any other encumbrances.

I/We,_____ hereby release,_____ its affiliates, employees, agents, and directors from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing and a copy of such revocation is provided to all parties listed above. It is understood a photocopy or fax of this form will also serve as authorization.

PROPERTY:

Property Address _____ City _____ State _____ Zip _____

1ST MORTGAGE:

Mortgage Company _____ Account Number _____

Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

Loss Mitigation Contact _____ Direct Number _____ E-mail Address _____

2ND MORTGAGE:

Mortgage Company _____ Account Number _____

Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip _____

Loss Mitigation Contact _____ Direct Number _____ E-mail Address _____

ASSOCIATION (IF ANY):

Management Company _____ Account Number _____

Phone Number _____ Fax Number _____

Contact _____ Direct Number _____ E-mail Address _____

AUTHORIZED BY:

Borrower Signature _____ Social Security Number _____ Date of Birth _____

Printed Name _____ Date _____

Co-Borrower Signature _____ Social Security Number _____ Date of Birth _____

Printed Name _____ Date _____



CDPE Homeowner Financial Worksheet

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Borrower Name _____ Co-Borrower Name _____

1st Loan Number _____ 2nd Loan Number _____

INCOME—TAKE HOME PAY:

	Borrower	CO-Borrower	TOTAL
Primary Job			
Misc. Income Overtime			
Part-time Job (net)			
Retirement-Military			
Retirement-Civil Service			
Support / Alimony			
Social Security			
Room & Board / Rent			
TOTAL NET INCOME			

How often is Borrower paid? Every Week Every 2 Weeks Twice A Month Once A Month
 How often is Co-Borrower paid? Every Week Every 2 Weeks Twice A Month Once A Month

EXPENSES:

	MONTHLY PAYMENT	BALANCE	NAME OF CREDITOR
Home Mortgage			
2 nd Home Mortgage			
Auto Loan			
Auto Loan			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Student Loan			
Alimony / Support			
Child Care			
IRS			
Chapter 13			
Electricity			
Heating Fuel			Oil or Natural Gas
Water & Sewer			
Telephone			
Cable TV			
Auto Insurance			
Health Insurance			Paid directly (not by employer)



CDPE Homeowner Financial Worksheet

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Life Insurance			Paid directly (not by employer)
Medical/Dental Expenses			

Homeowner's Insurance			Only list here if not in Mortgage
Real Estate Tax			Only list here if not in Mortgage
Personal Property Tax			
Groceries			
School Lunches			
Transportation, Parking, Tolls			
Clothing			
Dry Cleaning/Laundry			
Cell Phone			
Internet Service			
Homeowner's Association Dues			
Recreation / Spending Money			
Charitable Donations			
Other Expenses			
TOTAL MONTHLY EXPENSES			

A. Total Monthly Income: \$ _____ \$ _____
 B. Total Monthly Expenses: \$ _____ \$ _____
 C. Net Income / Loss: \$ _____ \$ _____
 Balance in 401K: _____ Cash Value of Stocks: _____
 Balance in IRA: _____ Other Valuables to be sold: _____
 Cash on Hand: _____ Other Misc. Assets: _____

I/We have described my/our financial condition in the enclosed Financial Status Report and certify that all information, as well as all Attachments, is true, accurate and correct to the best of my/our knowledge. I/we understand that submission of this information in no way obligates my lender, servicer, Veterans Affairs, FHA/ HUD, the investor, the mortgage insurers, (Agent) or (BROKERAGE) to provide assistance to me or stop the foreclosure process.

I/We hereby authorize my/our lender, servicer, Veterans Affairs, FHA/HUD, the investor or the Mortgage Insurers to:

1. Order a credit report from any credit reporting agency;
2. Order a title search from any title agency; and/or
3. Verify the accuracy of the information contained in this Financial Status Report, including without limitation, any current or previous employment information

I/We agree that I/we will notify the AGENT and BROKERAGE mentioned above, my lender, Veterans Affairs, FHA/HUD, the investor, or the Mortgage Insurers immediately of any material change in the financial information that I/We have provided herein. If I/we fail to do so, or if it is determined that the financial information provided herein has been misrepresented by me, and lender, servicer, Veterans Affairs, FHA/HUD, the investor or the mortgage insurers makes decisions which would not have been made had the true facts been known, then (1) I shall be liable for all costs (fees) incurred or damages suffered by lender, servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers or AGENT and BROKERAGE above, and (2) lender, servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers and/or AGENT shall have the right, in its sole discretion, to terminate any arrangement or agreement that has been extended to me based, in whole or in part, on the inaccurate or incomplete information that I/we have provided.

Print Borrower's Name _____ Date _____ Borrower's Signature _____

Print Co-Borrower's Name _____ Date _____ Co-Borrower's Signature _____



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SELLER HARDSHIP LETTER



Date:
Lender:
Attn: Loss Mitigation

**RE: Hardship Letter - (Property Address)
Account Number**

To Whom It May Concern:

I purchased my home in 2005 and we had the income at the time to support the mortgage.

In early 2006, my mother was diagnosed with Alzheimer's Disease and needed to be put in a nursing home, which was very expensive. She later passed away in November 2006. At this time, my husband lost his job and has since taken a significance cut in pay. We love our home and do not want to lose it but we have come to terms with the fact that we cannot afford to keep it.

This left me with the financial burden of paying the mortgage. I make \$35,000 annually and I have exhausted all of my savings, IRAs and my children's college funds. I used to keep the mortgage payments current until May 2007.

In May 2009, I was no longer able to make payments and inquired about partial payments, payment plans, and refinance; I was denied on all accounts. In July 2009, I put the house up for sale with (Your Agent's Name and Brokerage Firm) who specializes in pre-foreclosure properties and short sales.

My financial situation cannot sustain a home mortgage of nearly \$2800 per month. I want to sell the home, avoid foreclosure and salvage my credit. I know that a foreclosure on my record will affect me for years to come, I would ask that you please assist me in avoiding this.

Since the house has been on the market this is the only offer that we have received. Please accept this offer as payment in full. My agent will continue to market the house.

I deeply appreciate your help and understanding in this matter. If you have any questions, or need anything further from me, please contact my agent or me personally.

Sincerely,

Jane Seller

Form N



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FTC MARS Disclosure for Consumer-Specific Commercial Communication

IMPORTANT GOVERNMENT NOTICE:

You may stop doing business with us at any time. you may accept or reject the offer of mortgage assistance we obtain from you lender (or servicer). If you reject the offer, you do not have to pay us. If you accept the offer, you will have to pay us Sales Commission per MLS Listing Agreement _____ (insert amount or method for calculating the amount) for our services. RE/MAX Advantage, Collier Swecker and Mark Carlisle (Name of Company) is not associated with the government, and our service is not approved by the government or your lender. Even if you accept this offer and use our service, your lender may not agree to change your loan.

If you stop paying your mortgage, you could lose your home and damage your credit rating.

Property Address

Seller **Date**

Seller **Date**

RE/MAX Advantage

Name of Brokerage **Date**

Bill Martens

Name of Broker **Date**