



**LAKESIDE FINANCIAL, INC.**  
 24331 MUIRLANDS BLVD. #4311  
 LAKE FOREST, CA 92630-3689  
 PHONE (949) 768-1773 FAX (949) 768-6363  
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## LOAN WORKOUT APPLICATION

### FINANCIAL INFORMATION

Loan No. \_\_\_\_\_

**Borrower Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Home Phone / Work Phone \_\_\_\_\_

**Co-Borrower Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### MONTHLY INCOME AND EXPENSES

Name of Employer	Gross Monthly Wage
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please send a recent pay stub for each employer and bank statements for all checking and savings accounts. If self employed, please send most recent tax return with schedules.

**Borrower Pay Days** \_\_\_\_\_

**Co-Borrower Pay Days** \_\_\_\_\_

**Additional Income Description (Not Wages) Monthly \$ Amount**

_____	\$ _____
_____	\$ _____
_____	\$ _____

### DESCRIPTION OF HARDSHIP

Please attach a letter describing the reason(s) for your financial hardship and the expected timeframe for resolution.

I agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender is strict reliance on the financial information provided. My signature below grants the holder of my mortgage the authority to confirm the information that I have disclosed in this financial statement, to verify it is accurate by ordering a credit report, and to contact my realtor and/or credit counseling service representative, if applicable.

Property for Sale? Yes No (Circle one)

Listing Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ Listing Price

Realtor Name \_\_\_\_\_

Realtor Phone \_\_\_\_\_

Assets	Amount Owed	Value
Home.....	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
Retirement Funds		\$ _____
Investments		\$ _____
Checking/Savings		\$ _____
Auto #1: Model _____	Yr _____	\$ _____
Auto #2: Model _____	Yr _____	\$ _____

### Monthly Expenses

### Monthly \$ Amount

Mortgage	\$ _____
Second Mortgage	\$ _____
Auto Payment(s) # _____	\$ _____
Auto insurance	\$ _____
Credit Card or Installment Payments	\$ _____
Child Care / Child Support / Alimony*	\$ _____
Food & Utilities	\$ _____
Medical (not covered by insurance)	\$ _____
Telephone & Cable TV	\$ _____
Spending Money	\$ _____
Other Expenses	\$ _____

\*Notice: Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout

BORROWER \_\_\_\_\_

DATE \_\_\_\_\_

BORROWER \_\_\_\_\_

DATE \_\_\_\_\_