



LAKESIDE FINANCIAL, INC.
 24331 MUIRLANDS BLVD. #4311
 LAKE FOREST, CA 92630-3689
 PHONE (949) 768-1773 FAX (949) 768-6363
 EMAIL: HERB@COX.NET

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