



City of Gainesville-Housing Division
306 NE 6th Avenue
Thomas Center B, Rm 253
Gainesville, Florida 32601
(352) 334-5026



Borrower Financial Statement

Part A - Borrower Information

Borrower Name:		Social Security No.:		Co-Borrower Name:		Social Security No.:	
Borrower Birth Date:				Co-Borrower Birth Date:			
Borrower Phone No.:				Co-Borrower Phone No.:			
Day:		Evening:		Day:		Evening:	
Home Address:				Home Address:			
City:	State:	Zip Code:		City:	State:	Zip Code:	

Part B - Employment Information

Employer Name:		Position Held:		Employer Name:		Position Held:			
Employer Address:			Employer Phone No.:		Employer Address:			Employer Phone No.:	
Employer City:	Employer State:	Employer Zip Code:		Employer City:	Employer State:	Employer Zip Code:			
Employment Dates:			Annual Salary:		Employment Dates:			Annual Salary:	

Part C - Dependents

Name	Relationship	Date of Birth	Daycare (Y/N)?

Part D -Property Information

Address of Property Involved in Mortgage Default Relief (Must Own and Occupy Home as Primary Residence)

Address:		City:	State:	Zip Code:
Month Last Paid Mortgage Payment:			Monthly Mortgage Payment:	
Name of Lender/Mortgage Company:			Phone:	

Borrower Financial Statement

Part E - Assets

Description	(1) Est. Value	(2) Amount Owed	(1-2) Net Value
Cash			
Checking Accounts			
Savings Accounts			
Certificates of Deposits (CD's)			
Stocks / Bonds / Mutual Funds			
Retirement Assets [401 (k)'s, IRA's. etc.]			
Total Liquid Assets			
Home			
Other Real Estate			
Automobile #1 Make / Model / Yr			
Automobile #2 Make / Model / Yr			
Cash Value of Life Insurance			
Personal Property [computers, art, furniture, jewelry]			
Other Assets			
Total Non-Liquid Assets			
TOTAL ASSETS			

Part F - Monthly Income

Description	Borrower	Co-Borrower	Total
Gross Salary / Wages			
Overtime Wages			
Commissions			
Bonuses			
Social Security			
Disability (short or long-term)			
Other Income (interest, rental, etc.)			
Alimony			
Child Support			
Other:			
Other:			
Total Gross Monthly Income			

Borrower Financial Statement

Part G - Monthly Expenses

Description	Mo. Payment	Balance	Past Due Amt.
Household Expenses			
Primary Home Mortgage (inc. taxes and insurance)			
Property taxes on primary home (if not included above)			
Insurance on primary home (if not included above)			
Rent payment (if primary home is not owner occupied)			
Maintenance on primary home			
Other mortgages			
Utilities (inc. water, gas, electric, etc.)			
Telephone			
Cable/Satelite Television			
Groceries and toiletries			
Home owners association dues and/or fees			
Other			
Total Household Expenses (A)			
Dependent Expenses			
Alimony			
Child support			
Child care			
Elderly care			
Medical expenses			
School tuition			
Dependent care			
Other:			
Total Dependent Expenses (B)			
Transportation Expenses			
Automobile loan(s)			
Automobile maintenance			
Gas card(s)			
Automobile insurance			
Automobile registration			
Public transportation (bus, train, taxi, etc.)			
Total Transportation Expenses ©			
Incidental Expenses			
Credit cards			
Entertainment (hobbies, movies, etc.)			
Vacations			
Dry cleaning / laundry			
Clothing			
Spending money			
Other loans			
College tuition			
Other			
Total Incidental Expenses (D)			
TOTAL EXPENSES (add A,B,C & D)			

Borrower Financial Statement

Acknowledgment and Authorization

I certify that the financial information provided in the MFIP Application and Borrower Financial Statement, is true and is accurate account of my financial condition.

I consent for my mortgage servicer, mortgage insurer, and/or the following: Freddie Mac, Fanny Mae, Ginne Mae, to engage in discussions and negotiations with me or my designated representative regarding foreclosure alternative programs. I acknowledge that the above referenced parties are under no obligation to agree to an alternative to foreclosure, and that representation has not been made at any time by any party involved in this process, that my mortgage may be modified or that an alternative to foreclosure may be authorized.

I consent for my mortgage servicer, mortgage insurer, and/or Freddie Mac, Fanny Mae, Ginnie Mae to discuss and share information about my mortgage and personal financial situation with third parties such as purchasers, brokers, real estate agencies, insurers, property inspectors, financial institutions, and/or creditors.

I acknowledge that the payments on my mortgage are delinquent and that any collection efforts currently in progress including foreclosure proceedings, will continue without delay while relief from foreclosure options are being reviewed and evaluated.

I agree that discussions and negotiations of a possible workout alternative will not constitute a waiver of, or defense to, my lender's right to commence or continue any foreclosure or other collection action. The foreclosure action will cease and an alternative to foreclosure will be provided only if, and when, my lender has approved an agreement for a foreclosure alternative in writing and the agreed upon alternative is completed prior to foreclosure.

I have had the opportunity to consult with legal and/or tax counsel prior to signing this document, and I willingly agree to these terms and conditions whether or not I elected to retain such counsel.

Borrower Signature

Date

CoBorrower Signature

Date