



Home Preservation Program Borrower Financial Information Form

In order for one of our Loss Mitigation Specialists to determine how to best help you, please complete the Borrower Financial Information Form. You May submit this form via fax, or via mail.

Please include the following:

- Copy of current pay stubs for the most recent month; or a year to date profit/loss statement if self-employed
- Copies of past two months' bank statements, including all pages and all accounts
- Hardship letter stating the reason you fell behind
- Past two years of tax returns
- Amount you have available to apply toward your mortgage delinquency

You can submit this information:

Via Fax:
623-249-2061

Via Mail:
Marix Servicing
On Behalf of Triad Guaranty Mortgage Ins.
1925 W. Pinnacle Peak Rd.
Phoenix, AZ 85027

Questions

1-866-986-2749

Restrictions

You must confirm the following to be eligible for assistance:

- You are NOT represented by counsel regarding your property or loan.
- You have NOT filed for bankruptcy protection.
- There is No pending litigation regarding the property or loan..

If you do not confirm all three items above, Triad Guaranty cannot assist you at this time.

Borrower Information

The following information will help us determine which workout option is best for your situation.

Triad Certificate Number _____ Loan Number _____

Borrower Name _____

Best time to call _____ Contact Phone _____

Subject Property Address _____

Mailing Address _____

Financial Statement

Borrower Employer's Name:	Length of employment:
Work Phone Number:	Monthly Net/Take home pay:
Co-Borrower's Name:	Home Phone Number:
Mailing Address (#, Street, Apt.):	Mailing Address (City, State, Zip):
Employer's Name:	Length of employment:
Work Phone Number:	Monthly Net/Take home pay:
Additional income (not wages) \$/mo	Please explain
Total # of persons living at address:	

Assets

Type	Estimated Value	Type	Estimated Value
Home	\$	Checking Account(s)	\$
Other Real Estate	\$	Savings/Money Market	\$
Other Real Estate	\$	IRA/Keogh	\$
Other Investments	\$	Stocks/Bonds/CD's	\$
Automobile (#___)	\$	Other:	\$

Monthly Expenses

Category	Description	Monthly Payment	Balance Due	Estimated Value	Past Due (Y) or (N)	If yes # of months
Property	This Mortgage					
	Other Mortgage					
	Rent Paid					
Dues	HOA					
Automobile	Auto 1/Lease					
	Auto 2/Lease					
	Gasoline					
	Maintenance					
	Insurance					
Other Loans	Student Loans					
	Finance Company					
	Installment Loans					
Credit Cards	Visa					
	Mastercard					
	Discover					
	Other:					
	Other:					
Utilities	Electricity/Heat					
	Water/Sewer					
	Trash					
	Telephone					
	Cable					
Insurance	Health/Dental					
	Life					
Medical (not covered by insurance)	Doctor/Dentist					
	Medication					
	Hospital					
Entertainment						
Food	Family					
Support	Alimony					
	Child					
Child Care	Day Care					
Other: Specify						
TOTAL EXPENSES:						