



APPLIED SERVICE GROUP

59 FLATBUSH AVE 2ND FL, BROOKLYN, NY 11217
TEL: 718-233-9672 FAX: 215-565-0671
appliedservicegroup.com

Enrollment Form

Date: _____ Rep: _____ Referral source: _____

Borrower: _____ Co-Borrower: _____

Borrower SS #: _____ Co-Borrower SS #: _____

Property Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mailing Address (if different):

City, State and Zip Code: _____ E-Mail: _____

Mortgage Information

1st Mortgage Information

2nd Mortgage Information

Lender Name: _____

Loan #: _____

Lender Phone #: _____

Are you currently in Foreclosure? YES/NO Do you have a sale date? _____

Attorney Name: _____ Phone: _____

1st Mtg. Payment: \$ _____ # of months behind: _____ Fees: _____ Arrears: _____ rate: _____

2nd Mtg. Payment: \$ _____ # of months behind: _____ Fees: _____ Arrears: _____ rate: _____

Do you want assistance negotiating with your 2nd Mortgage lender or other mortgage lender? YES/NO

Is the house for sale? YES/NO

Current Market Value: _____

Are the interest rates Fixed/Adjustable? 1st mtg _____ 2nd Mtg _____ When did it adjust? _____

Type of Property: _____
Owner Occupied _____ Second Home _____ Investment _____

BORROWER EMPLOYEMENT INFORMATION

Borrower Name of Employer: _____ **Phone #:** _____

Borrower Occupation: _____ **Years with Employer:** _____

Co-Borrower Name of Employer: _____ **Phone #:** _____

Co-Borrower Occupation: _____ **Years with Employer:** _____

Can you afford mortgage now? YES/NO

Loan Type: VA FHA Conventional

How much do you have available for down payment toward delinquency? \$ _____

Are you currently in bankruptcy? YES/NO Have you ever filed BK? YES/NO What Chapter? _____

Filing Date: _____ Did you reaffirm the mortgage? _____

Discharge Date: _____ Do you have discharge letter? _____

Was this discharge without restriction? YES/NO

Do you have a past overdue payment arrangement? YES/NO

Was it partial claim or loan modification? _____ Date: _____

Have you refinanced since the original loan? YES/NO Date: _____

Reason for hardship: _____

By signing this application form, I certify that the information provided in this application is true and correct to the best of my knowledge, information and belief.

Signature of Homeowner (Borrower)

Signature of Homeowner (Co-Borrower)



**APPLIED SERVICE
GROUP**

59 FLATBUSH AVE 2ND FL, BROOKLYN, NY 11217

TEL: 718-233-9672

FAX: 215-565-0671

appliedservicegroup.com

Property Address: _____

Loan Account #: _____

Lender: _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to provide to Applied Service Group, as my designated agents, any and all information that they may request. Such information includes, and is not limited to, property information, property tax history, and payment history. They are authorized to act on my behalf in the purpose of helping me to modify my loan. A copy of this authorization may be accepted as an original.

Borrower Signature _____

Borrower Name (print) _____

SSN: _____

Date: _____



APPLIED SERVICE GROUP

59 FLATBUSH AVE 2ND FL, BROOKLYN, NY 11217
TEL: 718-233-9672 FAX: 215-565-0671
appliedservicegroup.com

AUTHORIZATON FORM

Initial each line and sign the below:

PAY-STUBS For the last two (2) consecutive pay periods for each person on the mortgage or a P & L statement if self-employed

_____ **PROOF OF INCOME** for all other income including disability, SSI, child support, rental agreement(s) or statements of support, etc.

_____ **FEDERAL TAX RETURNS ALL PAGES FOR THE LAST TWO (2) YEARS WITH YOUR w-2 OR 1099 FORMS, NOT STATE TAX RETURNS.** If you have difficulty locating your tax returns, do NOT let this delay you in returning the other information requested here. We will instruct you how to get copies.

_____ **BANK STATEMENTS** All pages of the LAST TWO (2) MONTHS. Example: If the current month is December, send November and October. If self-employed, send SIX (6) months bank statements

_____ **MORTGAGE STATEMENT** Any month's past statement is fine, send any other documents you have from the mortgage company

_____ **BANKRUPTCY DOCUMENTS** If you have filed Chapter 7 Bankruptcy, send in the letter of Reaffirmation paperwork. If you have filed Chapter 13 Bankruptcy, send in the Dismissal or Discharge paperwork

_____ **HARDSHIP LETTER** This letter must explain what hardship caused you to fall behind and what has changed to make you able to make the payments now. It must express your commitment to saving your house from foreclosure. The Hardship Letter MUST NOT blame the lender for any real or imagined reason(s) you fell behind, and MUST NOT blame a circumstance that is not yet resolved. This letter should be typed or handwritten and signed by the borrower and the co-borrower.

By signing this checklist, you confirm your understanding and agreement to provide all the requested documents in the time frame described.

Signature: _____



APPLIED SERVICE GROUP

59 FLATBUSH AVE 2ND FL, BROOKLYN, NY 11217
 TEL: 718-233-9672 FAX: 215-565-0671
 appliedservicegroup.com

FINANCIAL WORKSHEET

MONTHLY EXPENSES	MONTHLY AMT.	BALANCES
Mortgage Payment		
Property Taxes		
Homeowner's Insurance		
Association Fees		
Other Mortgages		
Automobile Payment		
Other Automobile Loan Payment		
Automobile Insurance		
Gasoline		
Electricity		
Gas		
Water/Sewage		
Garbage		
Telephone		
Cell Phone		
Cable TV		
Credit Cards		
Furniture Loans		
Finance Companies		
Other Loans		
Health Insurance (not deducted)		
Life Insurance (not deducted)		
Taxes (not deducted)		
Donations		
Dues/Memberships		
Medical Bills (not insured)		
Prescription Medications		
Child Care		
Alimony/Child Support		
Tuitions		
Food/Household		
Number of people in the household		
Dry Cleaning		
Uniforms		
Other Expenses		
TOTAL EXPENSES & BALANCES		

Income	Monthly Amt
Net Salary	
Overtime	
Spouse's Net Salary	
Commissions/Tips	
Bonuses	
Interest/Dividends	
Alimony/Child Support	
Disability	
Pension/Retirement	
Rental Property	
Other Income	
TOTAL NET INCOME	

Available Cash	
Checking	
Savings	
Available Credit	
Additional + 30 Days	
401 K	
Total Cash Available	

Total Net Income	
Total Expenses	
Surplus	

I declare under penalty of perjury that this information is true to the best of my knowledge, information and belief and that I realize I waive the right to any return of fee from Manhattan Foreclosure Assistance Corp. should any of this information prove inaccurate or incomplete.

 Borrower

 Co-Borrower

 Date