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E-Mail: KLMRSCoordinaror@Gmail.com/ Web: www.KLMGoldenRealEstate.com

ATTN: (Kal or Lokesh): Department: Loan Modification

Please fill out completely, sign @ bottom & fax back or mail to us A.S.A.P

OPTION TO CHOOSE OR LOAN MODIFICATION PROGRAM

Prospect Name:			
Spouse:			
Present Address:		City:	Zip Code:
Home Phone No:		Best time to conta	ct you:
Work Phone No:		Spouse Work Pho	ne No:
Email:	<u>.</u>	· • • • • • • • • • • • • • • • • • • •	
			ehind:Present Value of Property
How much do you currently of	owe on the home?		Do you have one or two loans? 1 2
When you bought the propert	y? Year <u>: </u>	Sales Price?	Loan Amount:
1st Lender's Name	_	Phone No:	Loan No
Monthly payment	Months Behind	Total Arrears	Interest rateFixed Y Or N
Second Lender's Name:	_	Phone No.:	Loan No:
Monthly payment	Months Behind	Total Arrears	Interest rateFixed Y Or N
Tax and insurance included in	monthly payment yes	or no / If no per mos T	ax Insurance amt
			I Don't know *********************************
Checking/Savings	401k	x, Stock/Bonds	Currently employed y or N
Where do you presently work	?		Monthly income:
Where does your spouse work	?		Monthly income:
Any other source of income?		Amount	
How many people are current	ly living with you at ho	ome?(Other Income
Have you ever had any Bankr	uptcies? Yes No If so	o what chapter? Chapte	er 7 Chapter 13 Discharged dt
Have you ever been on a repa	yment plan? Yes No,	If Yes Date?	
Tell us why you are behin	d in your payments	:	
Want to keep the pro	opertySell it	Want to save_	Will call for the documents
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AUTHORIZATION TO RELEASE INFORMATION

I / We (undersigned) give KLM Golden Real Estate, Inc or its assigns permission/authorization to inquire with standard credit reporting agencies for my/ our credit report. A copy of this authorization may be accepted as an original. Borrower Date