**Arrowhead Credit Union Loan Modification/Extension Requirements** 

So that we may fully review your request and make the best determination in a final decision we will need the following in

entirety to complete the request.

Completed Borrower Financial Information (Extension/Modification Worksheet)

• A copy of the most recent current pay check stub(s) for all borrowers. If you are self employed the last two years

complete tax returns.

· Two months of Bank Statements

If this is a request for a mortgage modification or on a mortgage extension:

A copy of the most recent 1<sup>st</sup> mortgage monthly statement.

In addition, please answer the following questions if applicable:

1. Have you requested a loan modification from your 1<sup>st</sup> Mortgage Holder? Yes or No (Circle one).

Please contact a HUD Counselor such as NID for help in obtaining a modification on your 1st mortgage. They can be reached at (909) 887-8700 or www.nidonline.org. There is no fee for this service. Working with a HUD

counselor can improve your chances of obtaining the best modification for your needs.

2. If you have requested or received a 1st mortgage modification; what is the status and/or approval terms? Submit

any supporting documents.

3. What steps have you taken to reduce your monthly cash outflow? (You may list on a separate sheet of paper or

include in your request letter also).

4. What is the amount of the monthly payment that you feel can be afforded to make your payment(s) to Arrowhead

Credit Union per month. \$\_\_\_\_\_.

Information can be returned in the following ways:

Fax: (909) 379-6959

Email: loanmodifications@arrowheadcu.org

Mailing Address: PO Box 735, Cost Center 083, San Bernardino CA 92402

You may also bring the requested information to your local branch and they will forward for you.

Arrowhead Credit Union Contact Information:

Collections Department: 800 267-0388

Upon receipt of this information, we may contact you for further information. We will make every attempt to finalize your request within thirty days and notify you of the decision. Incomplete applications my be declined.

2/25/2016

## **Borrower Financial Information (Extension/Modification Worksheet)**

BORROWER:	Acct.								
Social Security Number:					Birth	irth Date:			
Address (Physical):									
Home Phone: Cell Phone			:			Work Phone:		Ext:	
Email: Number			ber of Dependents:			Department:			
CO-BORROWER:						1			
Social Security Number:				Birth Date:					
Address (Physical):									
, and the same of									
Home Phone: Cell Phone:				Work Phone:			Ext:		
Email:						Department			
Department:  EMPLOYMENT									
Porrower Employer's Name A	ddrooo	Hire Date:	ivii LO i		r En	anlovers name Ad	droce	Hire Date:	
Borrower - Employer's Name A	uuress	Tille Date.		Co-Borrower - Employers name Add			uiess	Tille Date.	
Monthly Income	- Borrowei	•		Mc	nthl	y Income - Co-Bo	rrower	-	
Gross Wages/Frequency of Pay	\$	Gros	s Wages/Fred	\$					
Unemployment Income	\$			Unemployment Income			\$		
Child Support/Alimony* \$			Child Support/Alimony*			\$			
Disability Income/SSI		\$		Disability Income/SSI			\$		
Rents Received		\$		Rents Received			\$		
Other:		\$		Other:			\$		
Less: Federal and State Tax, F	ICΔ	\$		Less: Federal and State Tax, FICA			\$		
Less: Other Deductions (401K)							\$		
Commissions, bonus and self-				Less: Other Deductions (401K, etc.) Commissions, bonus and self-					
employed income		\$		oyed income	us ai	iu seii-	\$		
****ALL			BE SU	IPPORTED A		OCUMENTED***	•		
		ust be the mos	t recent	with year to da					
Total (Net and Monthly Even		\$			10	tal (Net Income) Assets	\$		
Monthly Exp Mortgages/Liens/Rent		\$		7	Гуре	7100010	Est	imated	
Auto Loan(s)			Chec	Checking/Savings:			\$		
Auto Expenses/Insurance	\$			Checking/Savings:			\$		
Credit Cards/Installment Loans				Money Markets:			\$		
(total minimum payment for both per mo	montn)			Stocks/Bonds/CD's			\$		
Health insurance (not withheld from Medical (Co-pays and Rx)	• • • •			IRA/Retirements			\$		
Child Care/Support/Alimony*	\$ \$			401K Home			\$		
Food/Spending Money		\$ \$		e r Real Estate	#		\$		
Water Sewer/Utilities/phone		\$			#		\$ \$		
HOA/Condo Fees/Property Mai				Auto(s) # Life Insurance (Whole Life not Term):			\$		
Life Insurance Payments (not wi	· ·			Other:			\$		
from pay)			Total				· ·		
	\$	Total \$							
Physical Location of Collateral	(address):								
Do you occupy the property?	Is it re	Is it rental property? Yes No Is it leased? Yes No							
Yes □ No □	have a le	ave a lease agreement, please provide a copy.							

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Is the property listed for sale? Yes  \text{No}  \text{\text{\$\sigma}}	Have you conta	Have you contacted a credit-counseling agency for help? Yes ☐No ☐						
If yes, please provide a copy of the listing agreement.		If yes, please complete counselor contact information below.						
Agent's Name:		Counselor's Name: Counselor's Phone Number:						
Agent's Phone Number: Agent's Email:		Counselor's Email:						
Do you receive, and pay, the Real Estate Tax bill or	111111111	-	zard insurance policy? Y	es 🗔 No 🗆				
or does your lender pay it for you? I do Lender		Is the policy current?						
Are the taxes current? Yes No		If you pay it, please pro	ovide a copy of the policy.					
If you pay it, please provide a copy of your tax statement								
Have you filed for bankruptcy? Yes \( \square\) No \( \square\) If y	•	•	_					
Has your bankruptcy been discharged? Yes N				e court.				
MODIFIED REAL ESTAT	E 1 <sup>ST</sup> TD (NON	ARROWHEAD CREI	DIT UNION)					
Mortgage Holder:	Mortgage Date:		Modification Date:					
Modified Loan Pmt:	Difference in Pn	nt:						
Mortgage Value:	Amount Owed:	Amount Owed:						
OTHER REAL ESTATE LOANS	ON RESIDENCE	(NON ARROWHEA	D CREDIT UNION)					
Mortgage Holder:	e Holder: Mortgage Date:							
Modified Loan Pmt:	Difference in Pn	nt:	Amount Owed:					
	REFERENC	ES:						
1. Name:		Phon	Phone:					
Address:			Relationship:					
2. Name:		Phon	Phone:					
Address:		Relat	Relationship:					
3. Name: Address:			Phone: Relationship:					
Address.		Relat	uonsnip.					
Reason for Modification (	Explain in Deta	uil - use senarate sh	eet if needed)					
Treason for Mounication (	Explain in Dete	iii - usc scparate siii	cet ii liceaca)					
I agree as follows: My lender may discuss, obtain a	and share informs	ation about my loans a	and personal financial situ	ation with third				
parties such as purchasers, real estate brokers, insure								
of a possible foreclosure alternative will not const	itute a waiver o	f or defense to my l	lender's right to commen	ce or continue				
any foreclosure or other collection action, and an alte								
writing by my lender. The information herein is an ac my loans at any cellular or mobile telephone number								
mobile telephone. Note: Bankruptcy Accounts disch								
repayment.								
Borrower Signature Da	ate	Co-Borrower Signat	ture	Date				
Printed Name	<del></del>	Printed Name						

Before submitting, make sure you have signed and dated the form and attached all appropriate documentation.

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