

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 1st mortgage monthly statement.

In addition, please answer the following questions if applicable:

1. Have you requested a loan modification from your 1st 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. \$_____.

Return all information to:

Home Equity/Real Estate:

Mailing Address: PO Box 735, Cost Center 081, San Bernardino CA 92402

Consumer Loans:

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

Delivery Address for both: PO Box 735, 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:

Home Equity Department: 800 743-7228 Ext. 2399

Consumer Lending Department: 800 743-7228 Ext. 2381

Collections Department: 800 267-0388 Fax: 909 379-6907

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.

Borrower Financial Information (Extension/Modification Worksheet)

BORROWER:		Acct.
Social Security Number:		Birth Date:
Address (Physical):		
Address (Mailing):		
Home Phone:	Cell Phone:	Work Phone:
Best Time to Call:	Best Time to Call:	Department: Ext:
Email:	Number of Dependents:	Best Time to Call:

CO-BORROWER:		
Social Security Number:		Birth Date:
Address (Physical):		
Address (Mailing):		
Home Phone:	Cell Phone:	Work Phone:
Best Time to Call:	Best Time to Call:	Department: Ext:
Email:	Number of Dependents if different than above:	Best Time to Call:

EMPLOYMENT

Borrower - Employer's Name	Address	Hire Date:	Co-Borrower - Employers name	Address	Hire Date:
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Monthly Income - Borrower		Monthly Income - Co-Borrower	
Gross Wages/Frequency of Pay	\$	Gross Wages/Frequency of Pay	\$
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, FICA	\$	Less: Federal and State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$	Less: Other Deductions (401K, etc.)	\$
Commissions, bonus and self-employed income	\$	Commissions, bonus and self-employed income	\$

**** ALL INCOME WILL NEED TO BE SUPPORTED AND DOCUMENTED****
Paystub must be the most recent with year to date information.

Total (Net Income)		Total (Net Income)	
Monthly Expenses		Assets	
Mortgages/Liens/Rent	\$	Type	Estimated
Auto Loan(s)	\$	Checking/Savings:	\$
Auto Expenses/Insurance	\$	Checking/Savings:	\$
Credit Cards/Installment Loans(s): (total minimum payment for both per month)	\$	Money Markets:	\$
Health insurance (not withheld from pay)	\$	Stocks/Bonds/CD's	\$
Medical (Co-pays and Rx)	\$	IRA/Retirements	\$
Child Care/Support/Alimony*	\$	401K	\$
Food/Spending Money	\$	Home	\$
Water Sewer/Utilities/phone	\$	Other Real Estate #	\$
HOA/Condo Fees/Property Maint.	\$	Auto(s) #	\$
Life Insurance Payments (not withheld from pay)	\$	Life Insurance (Whole Life not Term):	\$
	\$	Other:	\$
Total	\$	Total	\$

*Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have this income considered for repayment this loan.

Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input type="checkbox"/> Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a lease agreement, please provide a copy.
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Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the listing agreement. Agent's Name: Agent's Phone Number: Agent's Email:	Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete counselor contact information below. Counselor's Name: Counselor's Phone Number: Counselor's Email:
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Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do <input type="checkbox"/> Lender does <input type="checkbox"/> Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/> If you pay it, please provide a copy of your tax statement.	Do you pay for a hazard insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the policy current? Yes <input type="checkbox"/> No <input type="checkbox"/> If you pay it, please provide a copy of the policy.
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Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
 Has your bankruptcy been discharged? Yes No If yes, provide a copy of the discharge order signed by the court.

MODIFIED REAL ESTATE 1ST TD (NON ARROWHEAD CREDIT UNION)

Mortgage Holder:	Mortgage Date:	Modification Date:
Modified Loan Pmt:	Difference in Pmt:	
Mortgage Value:	Amount Owed:	

OTHER REAL ESTATE LOANS ON RESIDENCE (NON ARROWHEAD CREDIT UNION)

Mortgage Holder:	Mortgage Date:	Modification Date:
Modified Loan Pmt:	Difference in Pmt:	Amount Owed:

Reason for Extension/ Modification (Explain in Detail - use separate sheet if needed):

I agree as follows: My lender may discuss, obtain and share information about my loans and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status. I consent to being contacted concerning my loans at any cellular or mobile telephone number I may have. This may include text messages and telephone calls to my cellular or mobile telephone. Note: Bankruptcy Accounts discharged "debt" is not collectible; however, Arrowhead CU does allow voluntary repayment.

Borrower Signature Date

Printed Name

Co-Borrower Signature Date

Printed Name

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