

National City[®]

Mortgage

Financial Information Summary			
Borrower		Loan #	
Mailing Address		Property For Sale?	Yes No
City, State Zip		Listing Date / Price	
Home Phone		Realtor Name	
Work Phone		Realtor Phone	
# in Household ____	Rent Own How Long? _____	Assets	Amount Owed Value
Co-Borrower		Home	\$ \$
Mailing Address		Other Real Estate	\$ \$
City, State Zip		Retirement Funds	\$
Home Phone		Investments	\$
Work Phone		Checking/Savings	\$
# in Household ____	Rent Own How Long? _____	Automobile #1 Model _____ Year _____	\$
		Automobile #2 Model _____ Year _____	\$
Monthly Income			
Name of Employer	Gross Monthly Wage	Borrower Pay Days	Co-Borrower Pay Days
	\$	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	\$	8 9 10 11 12 13 14	8 9 10 11 12 13 14
	\$	15 16 17 18 19 20 21	15 16 17 18 19 20 21
	\$	22 23 24 25 26 27 28	22 23 24 25 26 27 28
	\$	29 30 31	29 30 31
Additional Income- Description (Not Wages)	Monthly \$ Amount	Notice: Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout.	
	\$	Monthly Expenses	Monthly \$ Amount
	\$	Mortgage	
	\$	Second Mortgage	
	\$	Auto Payment(s) # _____	
Description of Hardship		Auto Insurance	
Please attach a letter or use the space provided on the back of this form.**		Auto Fuel/Repairs	
		Credit Card Payments	
I agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender is in strict reliance on the financial information provided. My signature below grants the holder of my mortgage the authority to confirm the information that I have disclosed in this financial statement, to verify it is accurate by ordering a credit report, and to contact my realtor and/or credit counseling service representative (if applicable).		Installment Loan Payments	
		Child Support/Alimony	
		Day Care / Child Care / Tuition	
		Food	
		Utilities	
		Condominium Association Fee	
		Medical (not covered by insurance)	
		Other Property Payments	
		Telephone	
		Cable TV	
Borrower's Signature (required)	Date	Spending Money	
		Other Expenses	
Co-Borrower's Signature	Date	Other Expenses	

Please send a recent pay stub for each employer and bank statements for all checking and savings accounts.

If self employed, please send most recent tax return with schedules.