

W.M. Campbell Realty  
Kym Campbell., Broker  
120 Amber Grove Suite # 122  
Chico, CA 95973  
530-342-9848 office  
530-342-9849 fax



W.M. CAMPBELL  
R E A L E S T A T E

## Authorization to Release Information

Lender : \_\_\_\_\_

Loan /Account Number: \_\_\_\_\_

Lender phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Lender : \_\_\_\_\_

Loan /Account Number: \_\_\_\_\_

Lender phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Property address: \_\_\_\_\_  
\_\_\_\_\_

To Whom it may concern:

Please be advised that we, the owners of the above referenced property, do hereby authorize Kym Campbell., Broker and her assistant Kaye Stotler at W.M. Campbell Real Estate, 120 Amber Grove Drive Suite #122, Chico, CA 95973, office number 530-342-9848 to communicate with the lenders on our behalf. We also authorize Kym Campbell of W.M. Campbell to receive all offers on our behalf.

\_\_\_\_\_  
Borrowers signature Social Security Number Date

Printed name \_\_\_\_\_

\_\_\_\_\_  
Borrowers signature Social Security Number Date

Printed name \_\_\_\_\_

**Kym Campbell**  
Agent name

**CA Lic#01074190**  
License #

Date

# Borrower Verification Questionnaire

This form is to be completed on FHA files being referred to Liquidation.



Client \_\_\_\_\_ Loan Number: \_\_\_\_\_

Reason for Default? (long note required for Curtailment of Income or Excessive Obligations)

Property Status (choose one):

Vacant       Occupied       Damaged

Was property ever used as a rental?  Yes     No

Dates rented/how long?

Vacant?  Yes     No

Dates vacant/how long?

Why was property vacated?

Is property being maintained?  Yes     No

If no, why not?

Are there any insurance claims open for the property?  Yes     No

Is/Was there ever a business on the property?  Yes     No

If yes:

1) How long was it operated on the property?

2) Were alterations made to the property?    Yes    No

3) What type of business?

Is the Borrower or Coborrower self employed?  Yes     No

Is there a 2nd mortgage?  Yes     No

How many are in the household?

Paying on Collections/Charge-Offs/Judgments?  Yes     No

If yes, how much? \$

Realtor Contact Info:

Realtor Name:

Realtor Company:

Phone:

Fax:

Email:

Other Phone:

Appraisal contact name:

Appraisal contact phone:

[Empty rectangular box]

First & Last Name \_\_\_\_\_

Lead From: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ County/Twp: \_\_\_\_\_ / \_\_\_\_\_

Occupied By: \_\_\_\_\_

Seller Situation: \_\_\_\_\_

1<sup>st</sup> Mortgage Co: \_\_\_\_\_ \$ \_\_\_\_\_

2<sup>nd</sup> Mortgage Co: \_\_\_\_\_ \$ \_\_\_\_\_

Missed Payments: Yes / No Last Pmt Date: \_\_\_\_\_ Sheriff's Sale Date: \_\_\_\_\_

Property Listed: Yes / No Realtor: \_\_\_\_\_ \$ \_\_\_\_\_

Offer Activity: \_\_\_\_\_ EST VALUE -> LOW \_\_\_\_\_ HIGH \_\_\_\_\_

Biggest concerns: \_\_\_\_\_

Ideally, what do you want to happen? \_\_\_\_\_

Property:

Style \_\_\_\_\_ Sq Ft \_\_\_\_\_ Bed \_\_\_\_\_ Bath \_\_\_\_\_ Basement \_\_\_\_\_

Garage \_\_\_\_\_ Year \_\_\_\_\_ Acres \_\_\_\_\_ Condition \_\_\_\_\_

Other Features \_\_\_\_\_

Name on Mortgage \_\_\_\_\_ Name on Title \_\_\_\_\_

Divorce/Bankruptcy \_\_\_\_\_ Other Debt: \_\_\_\_\_

Hardship: 1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

# Wells Fargo Financial

4119 121st Street  
 Urbandale, IA 50323  
 800-275-9254



## FINANCIAL INFORMATION SHEET

<b>Borrower's Name(s)</b>		<b>Account Number:</b>	
Name:		Social Security Number:	
Name:		Social Security Number:	
Home Phone Number:		Work Phone Numbers:	
Other numbers (cell phone, etc):			

Property Address: circle one: primary residence or rental property

<b>Mailing Address (if different than property address ) Own</b>	<b>How Long:</b>
Street Address, City, State, Zip Code	
2	

Present Employer (borrower)		Date of Employment:	FULL
Present Employer (co-borrower)		Date of Employment:	Status: full time or part time

Monthly Income Information: (Note: please provide two most recent pay stubs.)			
Description	Income (borrower)	Income (Co-borrower)	Total
Net Salary/Wages			
Commission/Bonuses			
Other Income (explain)			
Total Net Income			

Assets	Estimated Value	Comments
Wells Fargo Financial Secured Property:		
Other Real Estate (explain):		
Automobile (Make and Model)		
Automobile (Make and Model)		
Checking Accounts		
Savings/Money Market Accounts		
IRA/Keogh Accounts		
401K/ESOP Accounts		
Stocks/Bonds, CD's		
Life Insurance (Cash Value)		
Other		

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Liabilities:	Monthly Payment	Balance Due	Company Name
First Mortgage Payment			
Second Mortgage Payment			
Other Mortgage or Rent Payment			
Property Taxes			
Homeowner's Insurance			
Automobile Payment			
Automobile Payment			
Credit Card Payment			
Personal Loan Payment			
Utilities (explain)			
Health Insurance			
Child Care Expenses			
Alimony/Child Support			
Student Loan Payment			
Medical Expenses			
Transportation Expense			
Miscellaneous Expense (explain)			

The laws of some states require us to inform you that this communication is an attempt to collect a debt and any information obtained will be used for that purpose.

# Monthly Financial Statement

## Borrower's Monthly Expenses

Category	Description	Total
<b>Automobile</b>	Automobile Lease/Payments (total for all cars)	\$
	Automobile Insurance	\$
	Automobile Gas	\$
		\$
<b>Utilities &amp; Bills</b>	TV/Cable	\$
	Gas & Electricity	\$
	School Tuition	\$
	Telephone & Cell Phones	\$
	Water/Sewage	\$
		\$
<b>Other Expenses</b>	Child Care	\$
	Clubs, Sports, Hobbies	\$
	Child Support	\$
	Dry Cleaning/Uniforms	\$
	Entertainment	\$
	Groceries & Toiletries	\$
	Religious/Charitable Contribution	\$
		\$
<b>Mortgages</b>	1st Mortgage Payment -	\$
	2nd Mortgage Payment -	\$
	Other Mortgage/Rent	\$
	Other Mortgage/Rent	\$
	Insurance (total for all properties)	\$
	Maintenance (total for all properties)	\$
	Taxes (monthly est)	\$
		\$
<b>Other Debt</b>	Credit Card	\$
	Credit Card	\$
	Credit Card	\$
	Credit Card	\$
	Loan Pmt	\$
	Loan Pmt	\$
		\$
<b>Medical Expenses</b>	Health Insurance Premium	\$
	Medical Bill	\$
	Medical Bill	\$
	Medical Bill	\$
		\$
<b>Other (Explain)</b>		\$
		\$
		\$
		\$

### Cash Flow Summary

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

Total Monthly Income	
Total Monthly Expenses	
Monthly Cash Flow	

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**DETAILED HARDSHIP LETTER**

**Account Number:**

**Name:**

**Best Number to Contact you:**

**Best Time of the Day to Call You:**

**Cell Phone #                      Check here  For Consent to Call**

Please explain to us in writing your reason for delinquency. Please be very specific in the events that have happened as this will be included in the decision of the hardship program.

1. What caused you to get behind on your mortgage payments?

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2. Approximately, when did this hardship occur?

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3. Is this an ongoing hardship, and if so, are there any additional monthly expenses associated with the problem?

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4. In regards to your monthly mortgage payment(s), how much extra can you pay to bring your account up to date?

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5. Is the home up for sale? If yes what is your realtor name and number?

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6. Homeowner's insurance current or expired? Agent name and contact number?

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7. Property taxes are they current or past due? If past due, what is the amount and are you on a workout plan with the county to resolve them?

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\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Dat