

MEMBER ASSISTANCE PACKAGE



FAIRWINDS
CREDIT UNION

Borrower Information

Borrower Name		Social Security Number		Co-Borrower Name		Social Security Number	
Borrower Phone No.				Co-Borrower Phone No.			
Day		()		Day		()	
Evening		()		Evening		()	
Cell		()		Cell		()	
Property Address:				Mailing Address (if applicable):			
Street				Street			
City, Zip Code				City, State, Zip Code			
Email Address				Email Address			
Employer (Current)		Position		Employer (Current)		Position	
Years on Job		Employer Phone		Years on Job		Employer Phone	
If in current job for less than 2 years, enter your previous employer information below.							
Employer (Previous)		Position		Employer (Previous)		Position	
Years on Job		Employer Phone		Years on Job		Employer Phone	

PROPERTY INFORMATION

Property for SALE?		Property for RENT?	
List Date/Price		Monthly Rent	Monthly Last Paid
Realtor Name			
Realtor Phone		Date Lease Expires	

MONTHLY INCOME

(MONTHLY) Description	Amount	Description
1. Gross Salary/Wages	\$	
2. Other Income	\$	
3. Other Additional Income (SSI, Rental, Child Supp, etc)	\$	
4. Total Net Income	\$	

ASSETS

Description	Borrower	Co-Borrower	Total
1. Checking/Cash	\$	\$	\$
2. 401(k)	\$	\$	\$
3. Savings	\$	\$	\$
4. Stocks/Bonds	\$	\$	\$
5. Retirement Accounts	\$	\$	\$
6. Real Estate	\$	\$	\$
7. Other	\$	\$	\$

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NECESSARY MONTHLY EXPENSES

(MONTHLY) Description	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Rent Payment (if owner not occupying subject property)	\$	\$	
3. Homeowners Association Fees	\$	\$	
4. Property Taxes	\$	\$	
5. Homeowners Insurance/Flood Insurance	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Student Loans	\$	\$	
9. Other loans	\$	\$	
10. Credit Cards (minimum payments)	\$	\$	
11. Alimony/Child Support	\$	\$	
12. Child/Dependant Care	\$	\$	
13. Utilities (water, electric, gas)	\$	\$	
14. Cable/Internet	\$	\$	
15. Telephone (landline)	\$	\$	
16. Medical Expenses (uninsured)	\$	\$	
17. Car Expenses (gas, maintenance, parking)	\$	\$	
18. Insurance (automobile, health, life)	\$	\$	
19. Groceries and Toiletries	\$	\$	
Total	\$	\$	

OTHER MONTHLY EXPENSES

(MONTHLY) Description	Monthly Expense
1. Cable/Satellite TV	\$
2. Mobile Phone	\$
3. Home Security	\$
4. Entertainment (not dining out)	\$
5. Dining Out	\$
6. Travel / Vacation	\$
7. Clothing	\$
8. Pets, Pet Care and Pet Food	\$
9. Internet Access	\$
10. Gym Membership	\$
11. Beer & Alcohol	\$
12. Cigarettes & Tobacco	\$
13. Other Expenses	\$
14. Other Expenses	\$
Total	\$

OTHER QUESTIONS

QUESTIONS	Yes	No
1. Do you occupy this residence as your primary home?		
If this is your primary residence, how long at this residence?	Years:	Months:
2. How many people in the household?		
3. How many dependents under the age of 18 in the residence?		
4. Are there any other debts or obligations secured by this property? (ie second mortgage, home equity loan, judgments, liens)		
If you answered yes to 4, please list:	Amount	
	\$	
	\$	
	Amount	
5. Do you own any other properties? How many?		
If you answered yes to question 5:	Monthly Payment \$	Principal Balance: \$
	Rental Income \$	Vacant?
6. How much immediate funds do you have available to apply toward your mortgage delinquency?		
7. How much will you have available in 30 days in addition to the amount listed above?		

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OTHER QUESTIONS (CON'T)

Please provide an explanation of why you are behind on your mortgage payment or are at risk of future default.
(if you need more space please attach additional documents to the package)

OTHER QUESTIONS (CON'T)

Is this a temporary situation or permanent?

How will this help?

What is your plan to make the next payment due?

FOR HOME EQUITY LOAN REQUESTS ONLY

Do you have a first lien on the subject property?

If so, is the first mortgage a negative amortization adjustable rate mortgage?

If you have an adjustable rate mortgage in first lien position, when will the payment adjust?

PERSONAL REFERENCES

Reference #1 Name	Phone
Address	Relationship
Reference #2 Name	Phone
Address	Relationship

MEMBER ASSISTANCE PACKAGE

Fax Cover Sheet



SENDERS INFORMATION

Name:
Phone Number:
Number of Pages:

Authorization to Release Information:

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender on my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants *FAIRWINDS* the authority to confirm any and all information required in this credit transaction.

By: _____ Date: _____

By: _____ Date: _____

REQUIRED INFORMATION

- Signed and dated hardship letter
- 30 days of current paystubs
- If self employed, 2 years tax returns and year-to-date profit and loss statement
- Documented evidence of any other household income (ie spousal, child support, SSI, rental)
- Last statements from all mortgages (not at Fairwinds)
- Complete asset statements for the last 2 months (including bank statements)
- Rental Agreements

Please email or fax required documentation to:

Attn: Member Solutions Group

Email: MemberSolutions@fairwinds.org

Fax: 407-277-0647