

Mortgage Relief Project

PROSPECTIVE CLIENT HARDSHIP APPLICATION

2011

LEGAL SOLUTIONS SAVING HOMES



Mortgage Relief Project promotes seasoned attorneys who can protect your rights and find solutions that make financial sense for you! They can assist you with a troubled mortgage and help you keep your home. They can also settle your unsecured debts, give you stability and peace of mind, and give you a fresh start *without filing bankruptcy!*

Mortgage Relief Project

WELCOME

Mortgage Relief Project is a consumer advocacy outreach program designed to provide homeowners with valuable educational resources and easy access to attorney representation for foreclosure defense and mortgage relief. MRP's role in the foreclosure defense process is simply the collection of your information. Once we have received your completed application, we forward that application to the appropriate attorney, based on the state you live in. The information that you provide will be evaluated by that attorney and a decision regarding the acceptance of your case and the options available to you will be rendered. This is a NO OBLIGATION evaluation, designed to give you a realistic, professional assessment of your options, before you consider an agreement for attorney services. MRP does not provide legal services and does not accept payments from consumers.

GETTING STARTED

In order for us to review your application for acceptance and recommend particular legal services and strategies, we will first need to gather all the facts about your financial situation to determine if you meet the qualifications of a good candidate for assistance. We will review the information you provide to us and let you know if you qualify for representation within 48 hours. To begin, we will need you to provide documentation similar to what you provided when you obtained your home loan, plus a brief description of any hardships you are having.

The MRP staff and the attorneys we promote are your advocates! Please provide us with honest and complete information so that we can accurately determine the options available to you and whether or not your case qualifies for acceptance. In order for us to be successful in representing your interests, it is crucial that you provide complete information and cooperate fully throughout the entire process of representation. All of the information you provide is privileged information and will be held in the strictest of confidence.

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Prospective Client Application

CLIENT INFORMATION WORKSHEET

Client Name: _____ Co-Borrower: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email address: _____ Best Method/Time to Reach: _____/_____

Work Hours: _____ Co-Borrower Work Hours _____

Checking Acct? ___Y ___N (Balance: \$ _____) Savings Acct? ___Y ___N (Balance: \$ _____)

Current Estimated Value of Home: \$ _____ Year Purchased: _____

Lender's Name 1st: _____ 2nd: _____

Number of Borrowers: ___ Owner Occupied?: ___Yes ___No Number of Occupants? _____

1st Mortgage Monthly Payment: \$ _____ Balance of Loan: \$ _____ Interest Rate: _____%

2nd Mortgage Monthly Payment: \$ _____ Balance of Loan: \$ _____ Interest Rate: _____%

Months Behind on 1st: _____ Months Behind on 2nd: _____ Notice of Default? ___Y ___N

Default Date (if applicable): _____ Suit Amount: \$ _____ Fees: \$ _____

Date Summons Received: _____ Date Sent: _____ Case Number: _____

Previous Modification or Forbearance with Lender? ___Y ___N (If YES, please explain below.)

Have you ever filed bankruptcy? ___Y ___N If "Yes", Date: _____ Chapter: ___7 ___13

Please explain any hardship(s) you have had or are currently having:

MONTHLY EXPENSES

\$_____ Food Cost	\$_____ Life/Health Insurance
\$_____ Car Loan/Balance \$_____	\$_____ Auto Insurance
\$_____ Gasoline	\$_____ Alimony/Child Support
\$_____ Utility Bills (heat, electric, water)	\$_____ Childcare
\$_____ Phone	\$_____ Cell Phone
\$_____ Cable/Internet	\$_____ Medical Bills/Prescriptions
\$_____ Garbage Removal	\$_____ Credit Card(s)/Balance \$_____
\$_____ Other/(Describe) _____	\$_____ Other/(Describe) _____
\$_____ Other/(Describe) _____	\$_____ Other/(Describe) _____

\$_____ 1st Mortgage Monthly Payment

Taxes included? ____ Y ____ N If not, amount: \$ _____

Insurance included? ____ Y ____ N If not, amount: \$ _____

\$_____ 2nd Mortgage or HELOC Monthly Payment

\$_____ **TOTAL MONTHLY EXPENSES**

MONTHLY INCOME

\$_____ 1st Job (after taxes):

\$_____ 2nd Job or spousal income (total after taxes)

\$_____ Total Passive Income (rent, annuities, etc.)

\$_____ Total of **ALL** Other **HOUSEHOLD*** Income (SSI, Disability, Child Support, etc.)

\$_____ **TOTAL HOUSEHOLD MONTHLY INCOME**

***HOUSEHOLD** income should include the income of all occupants whether or not they are on the mortgage.

PLEASE complete, save, and email this form to info@mortgagereliefproject.com as an attachment. You may also return the completed form by faxing it to 1-(877) 258-5258. We will contact you with a decision regarding your case within 48 hours. Thank you, and feel free to contact us if you should have any questions. 1-(877) 396-5932.