



## BORROWER SETUP DOCUMENT

### BORROWER(S) INFORMATION:

Borrower Name (as per your tax return) \_\_\_\_\_

**First and Last Name if in the name of an LLC or Trust** \_\_\_\_\_

E-mail \_\_\_\_\_ DOB \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Main Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address (if different from property address) \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Attached W-9 for tax and credit purposes

Co-Borrower Name (as per your tax return) \_\_\_\_\_

**First and Last Name if in the name of an LLC or Trust** \_\_\_\_\_

E-mail \_\_\_\_\_ DOB \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Main Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address (if different from property address) \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Attached W-9 for tax and credit purposes

### INSURANCE INFORMATION:

Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Please contact us at the telephone number listed with any questions you may have regarding the servicing of your loan.



**Property Address:** \_\_\_\_\_

**Occupancy:** Owner Occupied  Non-Owner Occupied  Vacant

**Property Type:** SFR Attached  SFR Detached  Condo  Mobile w land Home  Mobile Home   
Land  Other (please describe) \_\_\_\_\_

**Loan Type:** Fixed Rate  Adjustable-Rate Mortgage (ARM)  Commercial  Interest Only   
Land Contract/CFD/Agreement for Deed  Other \_\_\_\_\_

**Lien Position:** \_\_\_\_\_

**Newly closed or Performing Loan with servicing transfer:** \_\_\_\_\_  
(if Yes, skip the below-mentioned)

**Please complete the following for Non-Performing / Special Servicing Loans**

**Loan Status:** 30-90 Days Delinquent  90+ Days Delinquent  In Foreclosure  In Bankruptcy   
In Forbearance

**If in Active Bankruptcy**

**Bankruptcy information:** Chapter \_\_\_\_\_ BK Case Number: \_\_\_\_\_

**Counsel Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**BK Counsel Point of Contact Name & Email:** \_\_\_\_\_

**BK Counsel Address:** \_\_\_\_\_

**If in Active Foreclosure**

**FC Counsel Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**FC Counsel Point of Contact Name & Email:** \_\_\_\_\_

**FC Counsel Address:** \_\_\_\_\_