Listing Appointment Checklist Al Gage

- Client Information
- Loss Mitigation Checklist
- o Financial Statement
- Most Recent Loan Statement
- o Copies of last 2 months Pay Stubs or letter of explanation
- Copies of last 2 months Bank Statement or letter of explanation
- Copies of last 2 Year Tax Returns or letter of explanation
- Foreclosure Disclaimer
- Authorization & Release Form
- Hardship Letter Guide
- o Cost of Repairs ..
- o Do Not Contact by Phone
- Listing Instructions
- o Expectations and Timeline

GENERAL CLIENT INFORMATION

DATE:		MLS#:
BORROWER:	*	CO-BORROWER:
	9 €.	CO-BORROWER SS#:
MAILING ADDRESS:	a a	
HOME #		CO-BORROWER CELL#
EMAIL:		CO-BORROWER EMAIL:
EMPLOYER:		PHONE#
ADDRESS:		· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		PHONE#
ADDRESS:		
PAID: TAXES YES NO	HOA TYES	NO NAME OF HOA:
1ST LENDER:		ACCT:
PHONE#		FAX#
# OF LATE PAYMENTS:	_NOD: TYES_	NO NOTS: YES NO PREPAY: YES NO
2 ND LENDER:		ACCT:
PHONE#		FAX#
# OF LATE PAYMENTS:	_ NOD: 📜 ,YES _	NO NOTS: YES NO PREPAY: YES NO
OTHER LIENS:	*	
EXIT STRATEGY:		MOVE OUT DATE:
LISTING AGENT: Al Gage	P.C.	AGENT'S PHONE: 623-536-8200

Date:

Lender:

Re: loan #

Please allow my realtor Al Gage P.C. and $_{Terri\;Gage}$ (closing coordinator) to speak with you on my behalf. Their contact information is as follows:

Al Gage - Direct: 623-536-8200; fax: 623-536-8222

e-mail: al@algage.com.
Terri Direct: 623-536-3376

Sincerely,

Copies of last 2 Pay Stubs

(I am / We are) unemployed and have no Pay-Stubs to provide.
Borrower:
Co-Borrower:
Copies of last 2 months Bank Statements
(I / We) no longer have a checking account, so (I am / we are) unable to provide any Bank Statements.
Borrower:
e."
Co-Borrower:
g g
Copies of last 2 Year Tax Returns
(I / We) have not done (my / our) taxes for the past 2 years, and (I / we) failed to file any extensions.
Borrower:
Co-Borrower:

		FINANC	IAL	STATEMENT			
Date:		Your Loan Number:					
Property Addres	ss:	,					
ls your home lis	sted for sale	? Yes No	=				
Agent's Name:	100 10 100 100 100 100 10 100 100 100 10		Agent's Phone Number:				
Borrower Name	Borrower Name:		Social Security Number:				
Mailing Address	s (#, Street,		<u></u>	<u>. </u>			
Mailing Address	s (City, State	e, Zip):					
Employer's Nar	ne:		Length	of employment:			
Monthly Net/tak	e home pay	<i>r</i> :	Work I	Phone:			
Total Number o	f persons li	ving at this address:	Home	Phone:			
Number of child	Iren at this a	address:	<u></u>				
Co-Borrower's Name:			Social Security Number:				
Mailing Address	s (#, Street,	Apt.):			38 0 0 3 0 30 0 30 0		
Mailing Address	s (City, Stat	e, Zip):					
Employer's Name:			Length of employment:				
Monthly Net/tak	e home pay	<i></i>	Work Phone:				
*		•	Home Phone:				
		<u> </u>					
Have you ever Yes No_	contacted a	credit counseling ser	vice?	Reason:			
Additional Incor	me (not wag	\$ /mo	Please	e Explain:			
Assets							
TYPE		Estimated Value		TYPE	Estimated Value		
Home	aca Alica di San Cara	9	- XI	Checking Account(s)			
Other Real Est	ate			Savings/Money Market			
Other Real Estate		IRA/Keogh					
Other Investm	ents			Stocks/Bonds/CD's			

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FORECLOSURE DISCLAIMER

I, the undersigned, acknowledge that it has been disclosed to me that every attempt will be made to successfully market my property in order to save my home from foreclosure. In the event of a short sale on my property, I understand there is no guarantee that the lender beneficiary on my property will approve a payment for less than the full amount due on the loan.

Furthermore, I understand that I am unlikely to receive any cash compensation from this transaction.

I further have been advised that there may be tax ramifications associated with saving my home from foreclosure auction, including but not limited to, the issuance of an IRS tax form 1099 for any shortfall of the mortgage debt.

Al Gage P.C. is a licensed real estate agent in the state of Arizona, specializing in mitigating foreclosure losses. We disclose that we are not attorneys or certified public accountants and I understand that I have been advised to consult with any of these professionals with regard to any specific questions I may have relative to these areas of expertise.

And, although every effort will be made to obtain full release/payoff status of my loan, the listing agent cannot guarantee that there will be no possibility of lender-instigated judgment against me for any loan deficiency.

I also understand that the listing agent and/or their associates may be a bidder in the eventuality that my property does go to foreclosure sale and, if successful, may ultimately resell the property for a profit.

I further understand that the listing agent and/or their associates may become the listing agent for the beneficiary/investor or other new owner, if the property goes to foreclosure sale and is sold.

Name -	Date		
		ŝ	
Name -	Date		

Hardship Letter Guidelines

Remember to state the following items in your <u>HANDWRITTEN</u> hardship letter:

- 1. **Hardships** What are your hardships (current and past). For example unemployed, car accident, medical problems (personal or family), etc. Go into a little detail about each hardship. The following are the most important messages to get across to the Lender:
 - a. Why you will not be able to be current again on your loan.
 - b. We do not have enough income to make these payments.
 - c. We are leaving the property.
- 2. Your Assets Explain that you have no assets with which to continue paying.
- 3. Any signed exemptions of documents If you do not have bank statements, pay stubs or tax returns, you will need to explain the reason in more detail in your letter as to "why" you can not provide those documents. (i.e. I've been unemployed for 6 months and have not been able to find work) Note- realize that if you don't have tax returns, then the bank will ask for Extension-Fillings. So, if you don't have Extension-Fillings either, explain why in this letter. (i.e. "I haven't worked in over 2 years and so I haven't filed taxes nor extensions", or "I haven't filed my tax returns for the past 2 years and I failed to file extensions as well).
- 4. Bankruptcy You could also mention "I don't want to have to file bankruptcy".

Sample Hardship Letter

[*Remember, YOU must handwrite your own Hardship Letter to the Lender(s)] To Whom It May Concern:

I have been unable to make my payments on my house, and I am now facing foreclosure. My inability to keep up with the monthly payments is the result of (loss of job, illness, accident, death or disability of a wage earner – describe in detail what your hardship is)

In spite of my current financial difficulties, I expect that it will only get (better / worse). I am not in a position to continue making my mortgage payments. This was not at all what I intended but I have come to the conclusion that this is my only option.

Your help and consideration in this matter are very much appreciated. {Signature} {Date} {Printed Name}

Please Do Not Contact Me by Phone

First Loan #:	Second Loan #:
First Lender:	Second Lender:
-	£ 35 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	e e e e e e e e e e e e e e e e e e e
Borrower	
Printed Name	Date
Social Security Number:	
Date of Birth:	
Co-Borrower	
Printed Name	Date
Social Security Number:	
Date of Birth:	
	8
CONTACT INFO:	
Al Gage	

623-536-8200

Monthly Expenses

CATEGORY	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE	ESTIMATED VALUE	Past If yes, # of Due months
Subject	First Mortgage	\$	\$	\$	
Property	Second Mortgage				
Other Properties	Other Mortgage 🦻				
	Rent Paid		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Dues	НОА				
Automobile	AUTO 1 / Lease				
	AUTO 2 / Lease				
	Gasoline				
	Maintenance				
	Insurance				
Other Loans	Student Loan(s)				
	Finance Company				
	Installement			li di	35 13 4 445 460
Credit Cards	VISA	Ī			
	MASTERCARD				
95	DISCOVER				
	Other:		110		
	Other:				
Utilities	Electrical/Heating *				
19	Water/Sewer/Trash				
	Telephone				
	Cable				
Insurance	Health/Dental				
	Life	I			
Medical	Doctor/Dentist			71 1977 27 40	50 Sept. 50 SEN. 5
(Not Covered	Medication	10 10 F 10 10 10 10 10 10 10 10 10 10 10 10 10	O. C.		
By Insurance)	Hospital	Alac			
Entertainment					
Food	Family				
Support	Alimony				
	Child	1000 10			
Child Care	Day Care			21 2000	
OTHER:			×2.00		1
SPECIFY					
te:	01 200 100 10				
			-		