

## **Self-Help Borrower Worksheet**

The Self-Help Borrower Worksheet consists of two forms you need to complete. The first is the "Hardship Worksheet," which helps us to better understand what caused you to fall behind on your mortgage payments. The second form is the "Income Worksheet," which tells us your current financial situation. We use these two forms to determine how best we can help you get caught up on your mortgage.

Please complete the Hardship Worksheet and the Income Worksheet (on the next two pages) and mail both forms to:

Self-Help  
Borrower Assistance Program  
Secondary Market Group  
301 West Main Street  
Durham, NC 27701

Questions? Please call us, toll-free, at 1-800-959-7633 or e-mail us at [borrowerhelp@self-help.org](mailto:borrowerhelp@self-help.org).

Remember, we are here to help you. Let's work together.

# 1) Self-Help Hardship Worksheet

Name: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

We need to understand what problems caused you to fall behind on your mortgage payments so that we can determine the best way to help you get caught up on your mortgage payments. For that reason, we are asking you to please complete this worksheet to help us to understand your situation. Please be as honest as possible, and please tell us as much as you can about your situation. The more we know, the better equipped we are to help you.

1. How many people are in your household?
2. Please describe the reason for your delinquency and what your current situation is
3. What happened that caused you to fall behind on your mortgage payments? Please check the appropriate box.

- Income Reduction
- Job Loss
- Unexpected Expense
- Illness or Injury
- Divorce
- Death of a Borrower or Co-Borrower
- Car Accident
- Too Much Debt
- Other: \_\_\_\_\_

## 2) Self-Help Income Worksheet

Borrower Name: \_\_\_\_\_

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

Best Contact Phone Number: \_\_\_\_\_

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

### MONTHLY INCOME

<b>Income</b>
Salary #1 (after all deductions)
Salary #2 (after all deductions)
Child Support
Other
Roommate

**Net Spendable Income** \_\_\_\_\_

### MONTHLY EXPENSES

<b>Monthly Housing Expenses</b>
Mortgage (1st)
Mortgage (2nd)
HOA Dues
Electricity
Gas
Water/ Sewer Service
Telephone
Cable
Maintenance
Other Housing
<b>Total Housing</b> _____

<b>Monthly Food Expense</b>
Food
<b>Total Food</b> _____

<b>Monthly Transportation Expenses</b>
Car payment #1
Car payment #2
Gas
Insurance
Taxes
Maintenance
Other Transportation
<b>Total Auto</b> _____

<b>Monthly Insurance Payments</b> (Not Payroll Deducted)
Life Insurance
Medical Insurance
<b>Total Insurance</b> _____

<b>Monthly Debt Payments</b>
Credit Card Debt
Education Debt
Furniture Debt
Medical Debt
Other Debt
<b>Total Debt</b> _____

<b>Monthly Medical &amp; Dental Expenses*</b>
Doctor Visits
Dentist Visits
Medications
Other Medical
<b>Total Medical</b> _____

\*Please list medical debt payments in the debt section

<b>Monthly Miscellaneous Expenses</b>
Clothing
Beauty/Barber
Laundry/Dry Cleaning
Lunch Allowances
Toiletry/ Cosmetics
College Tuition
Day Care
School Materials/Trips
Savings Allowance
Social Activities
Other Misc
<b>Total Misc Expenses</b> _____

### TOTAL OUTSTANDING DEBT

Mortgage (1)
Mortgage (2)
Car (1)
Car (2)

Total Credit Cards
Medical
Education
Other