

**BERGLAS AND ASSOCIATES FORECLOSURE
CLIENT INFORMATION**

Complete this form for every prospect:

Name: _____ Date: _____ Time: _____

Address _____ Home Phone: () _____

City: _____ State: _____ Zip Code: _____

Social Sec # Borrower: _____ Social Sec # Co-Borrower _____

Borrowers Monthly Income: \$ _____ **Co-Borrowers Monthly Income: \$** _____

Estimated property value: \$ _____ Loan amount requested: \$ _____

Foreclosure consultation requested YES NO Other: _____

1st Mortgage balance: \$ _____ Payment monthly: \$ _____ Interest rate: _____ %

2nd Mortgage balance: \$ _____ Payment monthly: \$ _____ Interest rate: _____ %

3rd Mortgage balance: \$ _____ Payment monthly: \$ _____ Interest rate: _____ %

Total all loan balances owed: \$ _____ Divided by value: \$ _____ =LTV: _____ %

Name 1st Mortgage Co: _____ # of months payments behind: _____

Address _____ Reason for being behind: _____

City: _____ State: _____ Zip Code: _____

Loan number: _____

Mortgage Co. Phone #: () _____

Name 2nd Mortgage Co: _____ # of months payments behind: _____

Address _____ Reason for being behind: _____

City: _____ State: _____ Zip Code: _____

Loan number: _____

Mortgage Co. Phone #: () _____

Name 3rd Mortgage Co: _____ # of months payments behind: _____

Address _____ Reason for being behind: _____

City: _____ State: _____ Zip Code: _____

Loan number: _____

Mortgage Co. Phone #: () _____

Has Client ever had a bankruptcy? Yes No Chap 7 Chap 13 Chap 11
Date filed: _____

Proposed plan: 1st choice: Foreclosure consulting 2nd choice: Loan Other _____

Appointment set: YES Time: _____ Date: _____
 NO

Brief review of phone discussion with prospective client: _____

Call prospect back: Date: _____ Time: _____
Notes (other Phone #'s)