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FORECLOSURE REQUEST FORM

CLIENT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP _____
TELEPHONE # _____
CONTACT NAME _____

BORROWER NAME _____ **CO-BORROWER NAME** _____
STREET ADDRESS _____ **STREET ADDRESS** _____
CITY, STATE, ZIP _____ **CITY, STATE, ZIP** _____
SOCIAL SECURITY # _____ **SOCIAL SECURITY #** _____

PROPERTY ADDRESS (if different from above) _____

Please furnish the following for all new foreclosure actions:

- A. Title policy
- B. Promissory note
- C. Recorded Deed of Trust (including legal description)

DEBT INFORMATION

CLIENT ACCOUNT #	_____	INTEREST RATE	_____
DATE OF CONTRACT OR SERVICES	_____	PER DIEM	_____
PRINCIPAL BALANCE	\$ _____	DELINQUENT AMOUNT	\$ _____
LATE CHARGES	\$ _____	NEXT PAYMENT DUE AMOUNT	\$ _____
INTEREST DUE	\$ _____	NEXT PAYMENT DUE DATE	_____
OTHER BANK CHARGES	\$ _____		
TOTAL	\$ _____		

INSTRUCTIONS TO ATTORNEY:

_____ Lien Position
_____ Bankruptcy information (if applicable)
Case No. _____

Special instructions or remarks:

AUTHORIZED SIGNATURE

DATE OF REFERRAL