## **Financial Information**

| Loan | Number: |  |
|------|---------|--|
|      |         |  |



| Borrowers: List all persons   | whose names appear on yo                       | our mortgage or n      | ote                 |                  |           |  |
|---|--|------------------------|---------------------|------------------|-----------|--|
| Name  | Mailing Address                                | Se                     | cial Security #     | Telephone #      |           |  |
| 1.  |  |                        |                     | Day              |           |  |
|   |  |                        |                     | Evening          |           |  |
| 2.  |  |                        |                     | Day              |           |  |
|   |  |                        |                     | Evening          |           |  |
| Do you collect rent for any part of If yes, how much rent per month d   |  |                        | Prop                | erty Address     |           |  |
| Person(s) whose income(s)   | will be used to meet family                    | y obligations          |                     |                  |           |  |
| Name Income (note weekly, bi-w  |  |                        |                     |                  |           |  |
|   |  |                        |                     | Gross            | Net       |  |
| Present Employer(s)/ Type of Work   | Address of Employer(s)                         | Telephone #(s)         | Date Employed       |                  |           |  |
| 1.  |  |                        |                     |                  |           |  |
| 2.  |  |                        |                     |                  |           |  |
| Previous Employer   | Address of Employer                            | Telephone #            | Date From/To        |                  |           |  |
| Trevious Employer   | Address of Employer                            | Telephone #            | /                   |                  |           |  |
| Name  |  |                        |                     | Income (note wee |           |  |
| Present Employer(s)/  | Address of Employer(s)                         | Tolonhono #/s)         | Data Employed       | Gross            | Net       |  |
| Present Employer(s)/<br>Type of Work  | Address of Employer(s)                         | Telephone #(s)         | Date Employed       |                  |           |  |
| 1.  |  |                        |                     |                  |           |  |
| 2.  |  | _                      |                     |                  |           |  |
| Previous Employer   | Address of Employer                            | Telephone #            | Date From/To        |                  |           |  |
|   | n is available to meet mortgial security, alim |                        |                     |                  | of income |  |
|   |  |                        |                     | Monthly Income   |           |  |
|   |  |                        |                     |                  |           |  |
|   |  |                        |                     |                  |           |  |
| Name, relationship and age(s) of dependents living with you  Name and relationship of other persons you support (former spouse, childrenetc.)                         |  |                        |                     |                  |           |  |
| Is the property listed for sale?  | □ Yes □ No If no. are you inte                 | erested in selling the | propertv? □ Yes □ N | lo               |           |  |
| Is the property listed for sale?   Yes  No If no, are you interested in selling the property?  Yes  No How long listed at this price?  How long listed at this price? |  |                        |                     |                  |           |  |
| Original list price and date Price reduction(s) and date(s)   |  |                        |                     |                  |           |  |
| How long has the property been listed? What is the Realtor's Name & #?  |  |                        |                     |                  |           |  |
| Do you have a second mortgage   |  |                        |                     |                  |           |  |
| Mortgage Holder Address & Phone #   |  |                        |                     |                  |           |  |
| Address & Phone # Principal Balance of 2nd Payment Amount \$ Due Date of 2nd  |  |                        |                     |                  |           |  |
| Are there other liens or judgme   | ents against the property? $\Box$ Ye           | s 🗆 No                 |                     |                  |           |  |
| Mortgage Holder What is the amount of the lien?   |  |                        |                     |                  |           |  |
| Are you living at the property?   Yes  No   |  |                        |                     |                  |           |  |
| 7.10 you diving at the property:  |  |                        |                     |                  |           |  |

## Financial Information (continued)

| Loan | Number: |  |
|------|---------|--|
|      |         |  |



| Do you expect future income (i.e. Insurance, disability claims, lawsuits, alimony, child support, rentetc.)?  |             |   |                   |                                     |                          |                    |                     |                            |           |
|---|-------------|---|-------------------|-------------------------------------|--------------------------|--------------------|---------------------|----------------------------|-----------|
| Person(s) to receive added income   | 2           | When?   | From what s       | source? Lump sum                    |                          | Mo                 | Monthly Amount (\$) |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| Assets  |             |   |                   |                                     |                          |                    |                     |                            |           |
| How much money o  | -           | _   |                   |                                     |                          |                    |                     |                            |           |
| Savings Account   | Cash        | or Money Orders   | Checking Acc      | count                               | Savi                     | Savings Bonds Lif  |                     | ife Insurance (Cash Value) |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| List any real estate  | VOLL OWD    | hesides vour hom  |                   |                                     |                          |                    |                     |                            |           |
| Description of Prope  | -           | besides your nom  | Purchase Price    |                                     | Monthly Payments A       |                    | Mc                  | Monthly Income             |           |
| Description of Frope  | · cy        |   | T di chase i i i  |                                     | Monthly rayments N       |                    | 7110                | Titility Income            | -         |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| Describe any eme  | rgency re   | epairs necessary  | on your home      | (i.e. heat,                         | plun                     | nbing, electrica   | ıl, roof            | etc.)                      |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| List the amount o   | f each sp   | ecial deduction   | taken from you    | ur gross:                           |                          |                    |                     |                            |           |
| Federal Income Tax  |             | State/Local I   | ncome Tax         | FICA and                            | d Ret                    | irement            |                     | Health                     | Insurance |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| Life Insurance  |             | Union Dues  | Savings (         |                                     | (bank, credit unionetc.) |                    | Other (specify)     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| List below the am   |             |   |                   |                                     |                          |                    |                     |                            |           |
| Electricity/gas/oil   | Wat         | er, Sewage  | Home Mainte       | enance                              |                          | Telephone          |                     | Food (include food stamps) |           |
| Clothing  | Oth         | Other Household Transportation Expenses Auto Insurance Medical/Dental |                   |                                     |                          | /Dental            |                     |                            |           |
| Ctotimis  | Och         | Other Household Trails  |                   | Transportation Expenses Auto insur- |                          | Auto insuran       | medical perical     |                            |           |
| Life Insurance  | Tuit        | ion & Books   | Alimony & Cl      | hild Support                        | Child Care               |                    |                     | Other (specify)            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| List all your debts below. Include medical bills, charge accounts, payments due on cars and appliances, second mortgages and liens against your property. |             |   |                   |                                     |                          |                    |                     |                            |           |
|   | count       | Date  | For What          |                                     |                          | Date of # of Payme |                     | # of Payments              |           |
| l .   | mber        | Opened  | Purpose           | Balance                             |                          |                    |                     | t Payment                  | Past Due  |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| Explain, in your ow   | n words w   | yby you got bobin   | d in your morta   | go paymonts                         | . Ha                     | w do you plan to   | catch u             | n on vour na               | ymant?    |
| Explain, in your ow   | ii worus, v | vily you got bellill  | d iii your mortga | ige payments                        | . по                     | w do you plan to   | Catcii u            | p on your pa               | iyinent:  |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     |                            |           |
| Certification   |             |   |                   |                                     |                          |                    |                     |                            |           |
| I, (We,) certify the information I (we) have given is true and complete to the best of my (our) knowledge and belief.                                     |             |   |                   |                                     |                          |                    |                     |                            |           |
| i, (we,) certify the information i (we) have given is true and complete to the best of my (our) knowledge and belief.                                     |             |   |                   |                                     |                          |                    |                     |                            |           |
|   |             |   |                   |                                     |                          |                    |                     | _                          |           |
| Signature   |             | Date  |                   | Signatur                            |                          |                    |                     | Date                       |           |



## THIRD PARTY AUTHORIZATION

| SunTrust Mortgage Loan Number (10   | digits):   |
|---|--|
| I/We,   | ("Borrower") and   |
|   | ("Co-Borrower", if applicable)   |
| party indicated below. I/We understa but may not be limited to, information | Inc. to release any and all information about my Loan to the third d that information released by SunTrust Mortgage may include, elating to my loan amount and payment transactions history, an documents, which may contain non-public information relating |
| I (or Co-Borrower) must call SunTrust                                       | Co-Borrower (if applicable) wish to terminate this authorization, Mortgage at 800.443.1032, option 3, Monday through Friday it the request in writing to the address below.  |
| Date Requested:   |  |
| Full Name of Authorized Third Party(s                                       | i  |
| Authorized Party Phone/Email:   |  |
| Relationship to Borrower:   |  |
| Borrower Name:  |  |
| Borrower Social Security Number (las  | 4 digits):   |
| Co-Borrower Name:   |  |
| Property Street Address:  |  |
| City:   | State: Zip Code:   |
|   |  |
| Borrower Signature/Date   | Co-Borrower Signature/Date   |
| Print Name  | Print Name   |
|   |  |

When you have completed and signed this Authorization, please return it to the following address or you may fax the Authorization to **804.675.7399**.

SunTrust Mortgage, Inc. Attention: Shared Services 1001 Semmes Avenue RVW 3054 Richmond, Virginia 23224

Please allow 5 business days from SunTrust's receipt for authorization or termination to be processed.