

FORECLOSURE ANALYSIS WORKSHEET

Name of owner(s): _____

Street Address of Property:

(street address)

(town name)

Zip: _____

(name of Municipality if different from mailing address)

County _____

State: New Jersey

Type of property: (circle one) single family home multi-family condo commercial mixed use

Is the property rented? (circle one) Yes No

How many units? _____

Monthly Rental Income: \$ _____

Current Home Value (from CMA) \$ _____

First Mortgage Information:

Name of Loan Servicer
(who you make your payments to): _____

Principle Amount of Home Loan \$ _____

Total number of missed payments: _____ Interest Rate: _____%

Amount of Monthly Payment: \$ _____

Previous Loan Modifications? Yes No If yes, date _____

Second Mortgage Amount: \$ _____ Monthly Payment \$ _____

Have you been served with a foreclosure complaint? Yes No Date received _____

Property Taxes Annually: \$ _____ **Condo Fee** \$ _____

Monthly Gross Income:

Spouse 1: \$ _____ Spouse 2: _____

Other Income (don't include rental income): \$ _____

Source of other income: _____