

SunTrust Mortgage, Inc.
Mail Code RVW 3054
1001 Semmes Avenue
Richmond, Virginia 23224
Tel 804-291-0843
Fax 804-675-9617



DOCUMENTS REQUIRED FOR SHORT SALE

FROM BORROWER:

1. 2 years tax returns all pages and w2 forms.
2. 60 days banking statements all pages, both sides.
3. 30 days paystubs.
4. Hardship letter.
5. Completed financial application.

FROM AGENT:

1. Letter of authorization.
2. listing agreement
3. Sales offer (signed by buyer and seller).
4. HUD1 or Net worksheet.

FAX ENTIRE PACKAGE TOGETHER TO: 804-675-7399

DO NOT SUBMIT PACKAGE UNTILL A OFFER IS RECIEVED

SunTrust Mortgage, Inc.
Loss Mitigation Specialist

Financial Statement

Borrower's Name:	Social Security #
Co-Borrower's Name:	Social Security #
Property Address:	
Lender:	Loan #

INCOME - TAKE HOME PAY

	DEBTOR	CO-DEBTOR	TOTAL
Primary Job			
PartTimeJob(net)			
Retirement-Military			
Retirement-Civil Serv.			
Support/Alimony			
Social Security			
Room & Board/Rent			
Total Net Income:	\$ - \$	- \$	-

How often is Debtor paid? Every Week _____ Every 2 Weeks _____ Twice A Month _____ Once A Month _____
 How often is Co-Debtor paid? Every Week _____ Every 2 Weeks _____ Twice A Month _____ Once A Month _____

EXPENSES

	Monthly Payment	BALANCE	Name of Creditor
Home Mortgage			
2nd Mortgage			
Auto loan			
Auto loan			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Student loan			
Alimony/Support			
Child Care			
IRS			
CH 13			
Electricity			
Heating fuel			Oil or Natural Gas
Water& Sewer			
Telephone			
Cable TV			
Auto Insurance			
Health Insurance			Paid directly (not by employer)
Life Insurance			Paid directly (not by employer)

Financial Statement

Medical/Dental Exp.		
Homeowners Insurance		<i>Only list here if not in Mortgage Payment</i>
Realestate Tax		<i>Only list here if not in Mortgage Payment</i>
Personal Property Tax		<i>Applies only in some States</i>
Groceries		
School Lunches		
Transportation, Parking, Tolls		
Clothing		
Dry cleaning/Laundry		
Cellphone		
Internet service		
Homeowners Assn. Dues		
Recreation/Spending Money		
Charitable donations		
Total Monthly Expenses:	\$ - \$ -	

A. Total Monthly Income:	\$	-
B. Total Monthly Expenses:	\$	-
C. Residual Income	\$	-

Balance in 401K? _____
 Balance in IRA? _____
 Cash on Hand? _____

Cash Value of Stocks? _____
 Other Valuables to be sold? _____

I/We have described my/our financial condition in the enclosed Financial Statement and certify that all information, as well as all attachments, are true, accurate and correct to the best of my/our knowledge. I/we understand that submission of this information in no way obligates my lender, servicer, Veterans Affairs, FHA/HUD, the investor, the Mortgage Insurers to provide assistance to me or stop the foreclosure process.

I/We hereby authorize my/our lender, servicer, Veterans Affairs, FHA/HUD, the investor or the Mortgage Insurers to:

1. Order a credit report from any credit reporting agency.
2. Order a title search from any title agency.
3. Verify the accuracy of the information contained in this Financial Status Report, including without limitation, any current or previous employment information.

Submitted this _____ day of _____ 20____.

 Signature (Debtor)

 Signature (Co-Debtor)