| MORTGAGE OR | HOME EQUITY | FORECLOSU | RE REQUEST |
|-------------|-------------|-----------|------------|
|             |             |           |            |

| Credit Union Contact Person w/L Address City, State, ZIP   | oan Modification Authority                | E-mail:<br>Phone:               |
|--|---|---------------------------------|
| DEBTOR NAME:   |   |                                 |
| ADDRESS:   | CITY:                                     | ZIP:                            |
| SOCIAL SECURITY NO.:   |   |                                 |
| CO BORROWER:   |   |                                 |
| ADDRESS:   | CITY:                                     | ZIP:                            |
| SOCIAL SECURITY NO.:   |   |                                 |
| MAILING ADDRESS OF DEBTORS IF DIFF   | FERENT FROM PROPERTY                      | ADDRESS:                        |
| ACCOUNT NO.:   |   |                                 |
| CURRENT MONTHLY PAYMENT \$   | / DAY OF THE MONT                         | H PAYMENTS ARE DUE              |
| NO. OF PAYMENTS IN ARREARS   | LATE FEES/ADDI'L CHA                      | RGES \$                         |
| AMOUNT NECESSARY TO CURE DEFAULT   | \$ CURRENT PAY                            | OFF BALANCE \$                  |
| PROMISSORY NOTE/LOAN AGMT. DATE: _   | ORIGINAL L                                | OAN AMOUNT \$                   |
| INTEREST RATE:% DAI  | LY ACCRUAL AMOUNT \$                      |                                 |
| **ATTACH A COMPLETE CO<br>AND A COPY OF THE PROMIS<br>**IF PROPERTY IS LOCATE<br>KINDLY PROVIDE TOTAL AC | SSORY NOTE OR LO<br>ED <u>OUTSIDE</u> THE | DAN AGREEMENT. TRI-COUNTY AREA, |
| **ATTACH COPY OF ALL THE LOAN WAS GRANTED.   |   |                                 |
| **ATTACH A COPY OF ANY BEEN SENT BY THE CREDIT COMMENTS  | UNION TO THE DEF                          | BTOR(S).                        |
| REQUESTED BY:  |   |                                 |