

FDP Client Information & Questionnaire

Name: _____ **Referred by (Name):** _____
Contact Information (Cell): _____ **Referred by (Phone):** _____
(Ph): _____ **Referred by (Company):** _____
Referred by (Email): _____
Email Address: _____ (We will be contacting you via electronic mail unless otherwise directed.)

NOTICE: It is the Client's obligation to keep Black & LoBello updated with all contact information.

Property Address: _____
Investment Property _____ Residential Property _____ Are you presently residing in this property? Y/N
How was this property listed on your last two years of Tax Returns? _____

Please list your objectives concerning this property: _____

Current Estimated Property Value: \$ _____
Would you be prepared to short sale this property with less than a full satisfaction from the lender(s)? Y/N

Borrower: _____ DOB: _____ SSN: _____
DL# _____ State: _____ Email*: _____
Mailing Address: _____ City/State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Self Employed: Y/N Employer: _____ Gross Salary: \$ _____
Has your salary changed recently: Y/N If so, how? _____

Co-Borrower: _____ DOB: _____ SSN: _____
DL# _____ State: _____ Email: _____
Mailing Address: _____ City/State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Self Employed: Y/N Employer: _____ Gross Salary: \$ _____
Has your salary changed recently: Y/N If so, how? _____

Loan Information:
1st Lender: _____ Loan#: _____ % Rate: _____
Phone: _____ Fax: _____

Orig. Loan Amt: _____ Balance: _____ Mo. Pmt.: \$ _____
of Late Fees: _____ Notice of Default Filed? Y/N _____ Date: _____
Trustee Sale #: _____ Date of Trustee Sale: _____
2nd Lender: _____ Loan#: _____ % Rate: _____
Phone: _____ Fax: _____
Orig. Loan Amt: _____ Balance: _____ Mo. Pmt.: \$ _____
of Late Fees: _____ Notice of Default Filed? Y/N _____ Date: _____
Trustee Sale #: _____ Date of Trustee Sale: _____
Do you have PMI? Y/N _____ Prop. Taxes Current? Y/N _____ HOA Dues Current? Y/N Amt: \$ _____
HOA Name: _____ Phone: _____
SIDS/LIDS: Y/N _____ Amt.: \$ _____
Date of last contact with Lender: _____
Other Liens: Name: _____ Amount: _____

Financial Information:

Borrower:

Total Checking Balance: _____ Total Savings Balance: _____
401(K): _____ Pension: _____ Other Assets: _____
Trust: _____ Auto Loan: _____ Credit Card Debt: _____ No. Cards: _____
Inheritance: _____ Children/Dependents: No.: _____ Age(s) _____
How are your assets held? (Personally) _____ (LLCs/Corp) _____ (Trust) _____ (Other) _____
Credit Score: _____ Date of last credit report: _____ Have you ever filed bankruptcy: Y/N When: _____

Co-Borrower:

Total Checking Balance: _____ Total Savings Balance: _____
401(K): _____ Pension: _____ Other Assets: _____
Trust: _____ Auto Loan: _____ Credit Card Debt: _____ No. Cards: _____
Inheritance: _____ Children/Dependents: No.: _____ Age(s) _____
How are your assets held? (Personally) _____ (LLCs/Corp) _____ (Trust) _____ (Other) _____
Credit Score: _____ Date of last credit report: _____ Have you ever file bankruptcy: Y/N When: _____

ADMINISTRATIVE ONLY:

File Name: _____ **Abacus File No.:** _____
DNR: ___ **Date** _____ **NNR ECR** _____ **Date** _____ **INI:** _____
NNR ECR: _____ **Date** _____ **NR ECR** _____ **Date** _____ **IN:** _____ **F Opened:** ___ **INI:** ___
O/A: _____ **M/A:** _____ **W/A:** _____ **Directory Address:** _____