

REQUEST FOR VERIFICATION OF MORTGAGE ACCOUNT

PART I – TO BE COMPLETED BY APPLICANT

NAME AND ADDRESS OF MORTGAGE COMPANY OR BANK:

INFORMATION TO BE VERIFIED:

PROPERTY ADDRESS:

ACCOUNT IN THE NAME OF:

ACCOUNT #:

MORTGAGE

SECOND MORTGAGE

CONTRACT SALE

NAME AND ADDRESS OF APPLICANTS(S)

SIGNATURE OF APPLICANT(S):

X _____

X _____

PART II – TO BE COMPLETED BY MORTGAGE COMPANY OR BANK

We have received an application for a loan from the above, to whom we understand you have extended a loan. Please provide us with the following information:

Date mortgage originated: _____

Original mortgage amount: _____

Current mortgage balance: _____

Monthly Payment:

Principle and Interest: _____

Taxes: _____

Insurance: _____

Total Payment: _____

Is mortgage current? Yes No

Satisfactory account? Yes No

SIGNATURE OF DEPOSITORY

TITLE

DATE

PLEASE RETURN COMPLETED FORM TO:



Housing Rehab Program
c/o Administrative Resources association
748 Franklin St.
Columbus, IN 47201



This confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.