



FORM 00-LM096

FAX TO: (815) 377-3558

Loan Modification

Referral Form

Customer Name: _____

Address: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email Address: _____

Best Time To Reach: _____ **Work # or Home #**

Date Referred _____

Customer pre-sold and ready to speak to a rep: YES NO

Mortgage Amount: _____ **CURRENT / DELINQUENT**
**Please try to provide approximate amount.*

1st mortgage _____ **2nd Mortgage** _____ **Fixed, Adjustable, Interest Only**

Lender name _____ **Months behind** _____

Reasons:

Referrer's Name _____ **Company** _____

Phone #: _____

FAX #: _____ **Program:** **Loan Modification**

ADDITIONAL NOTES