

# Schedule of Real Estate Owned

Please fill in the sections below as completely as possible.

1 Property address	2 Mortgage lien holder	3 Occupancy status	4 Mortgage amount/ current balance	5 Gross monthly rental	6 Monthly mortgage payment	7 Escrows	8 Monthly taxes	9 Monthly homeowners/ hazard insurance	10 Monthly homeowners association dues
			\$	\$	\$		\$	\$	\$
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			\$	\$	\$		\$	\$	\$
			\$	\$	\$		\$	\$	\$

**Quick tips** **Note: Customers with more than five properties should make copies and complete as many forms as necessary.**

**1 Property address**

List addresses of all properties you own

**2 Mortgage lien holder**

- List financial institution holding the mortgage note
- If more than one mortgage is on the property, use a separate line for the second lien holder
- If owned free and clear, enter "NA"

**3 Occupancy status**

Indicate current occupancy status:

- PS=Pending sale
- FC=Foreclosed
- R=Rental
- 2ND=2nd home
- PR=Primary

**4 Mortgage amount/ current balance**

- Indicate remaining balance owed on the mortgage
- If owned free and clear, enter "NA"

**Note: This helps us match it up to your credit report.**

**5 Gross monthly rental**

- Indicate current monthly rent received per the lease agreement
- Note: If monthly rent is not consistently received, please provide a brief letter of explanation.**
- If property is currently vacant, enter "0"
- If property is not a rental, enter "NA"

**6 Monthly mortgage payment**

- Indicate current monthly payment amount on your statement
- If owned free and clear, enter "NA"

**7 Escrows**

Indicate if escrows for taxes and/or insurance are included in the monthly mortgage payment:

- T=Taxes
- I=Insurance
- B=Both Taxes and Insurance
- N=None

**8 Monthly taxes**

Only complete if not included in the monthly mortgage payment

**9 Monthly homeowners/ hazard insurance**

Only complete if not included in the monthly mortgage payment

**10 Monthly homeowners association dues**

- If no homeowners association dues apply, enter "NA"
- Co-op fees
- Ground rents

