



Mortgage Assistance Report Form

Suite 1400, 445 Minnesota Street
St. Paul, MN 55101

Phone: (651) 296-3353 or (800) 657-3787
TTY: (651) 297-7206 or (800) 366-4812

Your Name (Please Print)	Address of Mortgaged Property		
Your Current Address	City, State, Zip		
Your City, State, Zip	Name of Current Mortgage Servicer		
Day Phone (Include Area Code)	Loan Number (If Known)		
Evening Phone (Include Area Code)	Date You First Received Foreclosure Documents(If Applicable):		
Cell Phone (Include Area Code)	Foreclosure Sale (Check One)	Short Sale	Deed-in-Lieu Date: _____
Email Address	Original Amount of Mortgage		
<small>In order for us to best serve you, we need you to complete as much of this form as possible. The information you provide may be used in efforts to resolve the problem, to communicate with you, and/or to enforce applicable laws. The information may be shared with your mortgage servicer(s) or other necessary third parties, law enforcement agencies and consumer assistance agencies. You are not legally required to provide this information, but failure to do so may hinder efforts to resolve your problem.</small>	Original Date of Mortgage		
	Approximate Number of Payments Made		

Do you already have an open file with the Minnesota Attorney General's Office? Yes No

Is/was the mortgaged home an occupied one- to four-unit residential property? Yes No

If you are still in the mortgaged home, are you current on your mortgage payments? Yes No

If you are not current on your mortgage payments, how many payments are you behind? _____

When did you make your last mortgage payment? _____ What month was the payment for? _____

How much is your monthly mortgage payment? \$_____ Monthly association fee? \$_____

Does this amount include your taxes and insurance? Yes No

If not, how much are your taxes and insurance per month? \$_____

Please check one: Fixed Rate Adjustable Rate Interest Only FHA/VA
 Pay Option ARM (Adjustable Rate Mortgage) Don't Know

Please state your current interest rate: _____% If adjustable, range of rate: _____% to _____%

Are you or were you in bankruptcy? Yes No

Check One: Chapter 7 Chapter 13 Date of discharge (if applicable): _____

Please explain how you have been harmed:
Explain: _____

Did you lose your home due to financial hardship? Yes No
Explain: _____

Were you, or are you, trying to save your home (for example, loan modification or loss mitigation)?
Yes No
Explain: _____

Were there errors in your foreclosure? Yes No
Explain: _____

Were there, or are there, errors that affected your ability to save your home? Yes No
Explain: _____

Are there any other reasons you believe your mortgage servicer caused you harm? Yes No
Explain: _____

Please explain any specific ways that the Minnesota Attorney General can help you, including what specific relief you want from your mortgage servicer:
Explain: _____

The information I have given you is true and accurate to the best of my knowledge and may be used as stated on this form.

Signature Date

Please call our office at (651) 296-3353 or (800) 657-3787 with any questions. Thank you for the opportunity to assist you.

**Lori Swanson
Minnesota Attorney General**