

**MONTGOMERY COUNTY VETERANS SERVICE COMMISSION**

627 Edwin C. Moses Boulevard, 4<sup>th</sup> Floor, East Medical Plaza

Dayton, Ohio 45408

Phone: 937-225-4801, Fax: 937-225-4854

**MORTGAGE COMPANY STATEMENT**

**MUST BE COMPLETED BY THE MORTGAGE COMPANY OFFICIAL**

Please print or type information.

\_\_\_\_\_  
Mortgage Company's Name

\_\_\_\_\_  
Mortgage Company's Tax ID #

\_\_\_\_\_  
Street Address (Where payment should be sent)

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Mortgage Co. Contact Person

\_\_\_\_\_  
Street address, City, Zip Code of Mortgaged Property

\_\_\_\_\_  
Mortgage Account Number

\_\_\_\_\_  
Name of Person Listed as Mortgage Payor (Borrower)

\_\_\_\_\_  
Name of Person Listed as Co-Borrower

\_\_\_\_\_  
Date of Mortgage

\$ \_\_\_\_\_  
Original Amount

\$ \_\_\_\_\_  
Current Balance

\$ \_\_\_\_\_  
Monthly Payment Amount

\$ \_\_\_\_\_  
Amount of Last Payment Made

\_\_\_\_\_  
Date of Last Payment

\$ \_\_\_\_\_  
Amount Now Due

Check box if mortgage is in foreclosure

\_\_\_\_\_  
Mortgage Company Official's Signature

\_\_\_\_\_  
Date

*ANY ASSISTANCE APPROVED WILL BE PAID DIRECTLY TO MORTGAGE COMPANY  
APPLICATION FOR ASSISTANCE DOES NOT GUARANTEE APPROVAL OF PAYMENT*

***ALL ITEMS MUST BE COMPLETED BEFORE FORM WILL BE ACCEPTED***

*I understand that if I make false statements or answers to any information related to my mortgage or financial assistance application and receive assistance as a result thereof, my file may be referred to a prosecutor for possible action.*

\_\_\_\_\_  
Veteran/Client Signature

\_\_\_\_\_  
Date