

MONTGOMERY COUNTY VETERANS SERVICE COMMISSION

627 Edwin C. Moses Boulevard, 4th 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

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