

MORTGAGE COMPANY STATEMENT FORM

MONTGOMERY COUNTY VETERANS SERVICE COMMISSION 627 Edwin C. Moses Boulevard, 4th Floor, East Medical Plaza Dayton, Ohio 45417 Phone: 937-225-4801, Fax: 937-225-4854

Mortgage Company's Name

Mortgage Company's Tax ID #

Mortgage Company Mailing Address for Payment

Street address, City, Zip Code of Mortgaged Property

Mortgage Account Number

Name of Person(s) Listed as Mortgage Holder (Borrower)

Ledger of Last 12 Months Activity			
Date of Payment	Dollar Amount of Regular Monthly Payment Due	Dollar Amount of Payment Made	Amount Past Due

Signature of Mortgage Co. Official Completing Form

Print Name

Date

Daytime Telephone Number

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. I understand and agree that the Montgomery County Veterans Service Commission may make a thorough investigation of my financial circumstances, mortgage information, and housing. I hereby release you, your organization or others from any liability or damages which may result from the exchange of information requested.