

ARIZONA LOCAL FORM 2084-19A
MORTGAGE CREDITOR CHECKLIST

(Serve on the Trustee Only. Do Not File with the Court)

Case Number: _____

Debtor Name(s): _____

Real Property Address: _____

Daytime Phone () _____ Evening Phone: () _____

Attorney Name (if any): _____

THIS FORM MUST BE COMPLETED FOR EACH MORTGAGE. PLEASE BE SURE TO COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY. ATTACH THE PAYMENT COUPON OR STATEMENT THAT WAS SUPPLIED BY YOUR MORTGAGE CREDITOR(S):

Creditor Name: _____		
Account #: _____		
Payment Address: _____		
Street Address		

City State		
Zip Code _____		
Creditor Phone Number (if known): _____		
Regular Monthly Payment Amt: \$ _____ Current Interest Rate: _____ %		
Monthly Payment Due Date: _____		
Date Payments Become Late: _____ Monthly Late Charge Amt: \$ _____		
Does the loan have a variable or adjustable interest rate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when is the next anticipated adjustment date? _____		
Are property taxes included in the monthly payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is home insurance included in the monthly payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the loan mature (become due in full) in less than 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state the maturity date: _____		

Debtor Signature

Joint Debtor Signature