CENTER FOR
FINANCIAL HEALTH

Client Name: _____

Client Call Log

The contact information for your lender's Loss Mitigation Department is:

_____	(____)_____	(____)_____
1st Mortgage Lender	Lender Phone Number	Lender Fax Number

Date of call: _____
Who Did you speak with? _____ **Department/ID** _____
Current Status of Modification/Hardship Application:

_____

_____

When should you contact your lender again? _____
Additional Instructions:

_____

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Who Did you speak with? _____ **Department/ID** _____
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_____

_____

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Additional Instructions:

_____

Correspondence Received Log:

Items Received _____	Date_____	Forwarded to CFH_____
Items Received _____	Date_____	Forwarded to CFH_____
Items Received _____	Date_____	Forwarded to CFH_____
Items Received _____	Date_____	Forwarded to CFH_____
Items Received _____	Date_____	Forwarded to CFH_____
Items Received _____	Date_____	Forwarded to CFH_____