

**Office of the Chapter 13 Trustee
Gretchen D. Holland, Trustee**

20 Roper Corners Circle, Suite C
Greenville, SC 29615

Phone: 864-242-0314
Fax: 864-242-3679

Debtor Name(s) _____

Bankruptcy Case Number: _____

Creditor Name: _____

Creditor Address: _____

Arrearage Statement

<u>Number of Months</u>	<u>Month/Year</u>	<u>Month/Year</u>	<u>Amount</u>	<u>Total</u>
_____ Payments for	_____ through	_____	@ \$_____ each totaling \$	_____
_____ Payments for	_____ through	_____	@ \$_____ each totaling \$	_____
_____ Payments for	_____ through	_____	@ \$_____ each totaling \$	_____
_____ Late fees for	_____ through	_____	@ \$_____ each totaling \$	_____
_____ Late fees for	_____ through	_____	@ \$_____ each totaling \$	_____
Legal Fees:				\$ _____
Other Charges:				\$ _____
Escrow Advances (Taxes and Insurance):				\$ _____
Inspection Fees:				\$ _____
Return Check Charges:				\$ _____
Foreclosure Fees and Costs:				\$ _____
TOTAL ARREARAGE through (Month/Year)		_____		\$ _____
The Interest rate on the mortgage note is		_____ %		
and the monthly payment, excluding late fees is		\$ _____		

Completed By: _____ **Phone #:** (_____) _____ **Date:** _____