

Foreclosure Mitigation Counseling Intake Form



Who Referred You: _____

EMAIL ADDRESS: _____

Participant's Information:

Legal Last Name: _____ First Name: _____
Social Security Number: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Marital Status: _____ Household size: _____

Race/Ethnicity (please check all that apply):

African American American Indian/Alaskan Native Asian
Caucasian Native Hawaiian or Pacific Islander Hispanic

Gender: Male Female **Household with Children:** Yes No
Handicapped: Yes No **Veteran:** Yes No
Single Head of Household: Yes No

Co-Participant's Information:

Legal Last Name: _____ First Name: _____
Social Security Number: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Marital Status: _____ Household size: _____

Race/Ethnicity (please check all that apply):

African American American Indian/Alaskan Native Asian
Caucasian Native Hawaiian or Pacific Islander Hispanic

Gender: Male Female **Household with Children:** Yes No
Handicapped: Yes No **Veteran:** Yes No
Single Head of Household: Yes No

Property Information:

Property Address: _____
City: _____ State: _____ Zip Code: _____

Is this your primary residence? Yes No
Is this a rental property: Yes No



Employment Information: Please list current employment for all persons in your household that are employed. If you work more than one job, list them all.

Employer	Beginning Date	Who's Job?	#of Hours per Week	Gross Income (Before Taxes)
				\$ _____ per _____ (Week every other week, twice a month, month)
				\$ _____ per _____ (Week every other week, twice a month, month)
				\$ _____ per _____ (Week every other week, twice a month, month)
				\$ _____ per _____ (Week every other week, twice a month, month)

Do you, or ANYONE in your household, receive any of the following? Check a box for each.

Type	Yes	No	Who Receives It?	How Much?
Child Support				\$ _____ per _____
Social Security				\$ _____ per _____
Unemployment				\$ _____ per _____
Worker's Comp				\$ _____ per _____
Veteran's Benefits				\$ _____ per _____
Disability				\$ _____ per _____
Alimony				\$ _____ per _____
TANF or Food Stamps (Circle one)				\$ _____ per _____

Please list the average monthly expenses of your household:

Average Monthly Expenses		
Mortgage: \$	Car Insurance: \$	Medical Bills: \$
Electric Bill: \$	Other Insurance: \$	Credit Cards: \$
Gas Bill: \$	Child Support Payments: \$	Day Care: \$
Water/Sewer Bill: \$	Alimony Payments: \$	Cable Bill: \$
Phone Bill: \$	Student Loans: \$	Food: \$
Car Payment: \$	Other Loans: \$	Other: \$



Lender Information – First Mortgage

Lending Institution: _____
Contact Person: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
Loan Number: _____

Type of mortgage: FHA Conventional VA Other
Interest rate type: Fixed rate Adjustable Balloon 2/1 Buy down
Term of mortgage: 10 years 15 years 20 years 30 years

Current interest rate: _____% **Loan Balance \$** _____ **Past Due Amount \$** _____

How late are you: Current 30 days 60 days 90 days
120 days In Foreclosure

Date you made the last payment: _____ **Monthly Payment Amount \$** _____
Does your house payment include taxes and insurance: Yes No
If no: **Monthly tax amount \$** _____ **Monthly insurance amount: \$** _____

Date you purchased your home: _____ / _____ / _____

Have you refinanced the mortgage? Yes No

Lender Information – Second Mortgage or Home Equity Line

Do you have a second mortgage: Yes No

Lending Institution: _____
Contact Person: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
Loan Number: _____

Current interest rate: _____% **Loan Balance \$** _____ **Past Due Amount \$** _____

How late are you: Current 30 days 60 days 90 days
120 days In Foreclosure

Date you made the last payment: _____ **Monthly Payment Amount \$** _____

Did you have pre-purchase counseling when you bought your home? Yes No
If yes, who provided the counseling: Realtor Lender Non-Profit Organization

Please mark all the reasons for the delinquency on your home:

- Unemployment
- Reduce Income
- Divorce, Abuse
- Illness
- Death
- Excessive Use of Credit
- Loan Service Problem
- Medical Expenses
- Home Repair Expenses

Unexpected Expenses: please explain _____

Please answer the following questions:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Are there any outstanding judgments against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you been declared bankrupt within the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you intend to occupy the property as your primary residence? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreclosure Mitigation Counseling Agreement and Disclosure

- 1. Homeport (formerly Columbus Housing Partnership) is providing Foreclosure Mitigation counseling for your benefit. Your counselor will provide you with a written plan and recommended budget; assistance in communicating with your loan servicer as necessary; and referrals to housing and / or community agencies when appropriate.***
- 2. Homeport receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to share some of your personal information with the NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.***
- 3. Homeport is a HUD certified housing counseling agency. HUD follows strict rules to protect your confidentiality. You will not be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported.***
- 4. Homeport develops multi-family rental housing and develops or rehabs single family homes for sale. While you may learn about these opportunities from the housing counseling staff, you are under no obligation to rent or purchase any of these homes.***
- 5. The information provided on this form does not constitute an application for mortgage assistance. By signing below you acknowledge that you have read and understand the above disclosure and that you are not an employee of Homeport or an immediate family member of an employee of Homeport.***
- 6. I acknowledge that I have received a copy of Homeport 's privacy policy and practices.***

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

