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## **FORECLOSURE PREVENTION INTAKE FORM\***

### **I. CLIENT INFORMATION**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Best Times to Reach \_\_\_\_\_

Marital Status \_\_\_\_\_

Spouse (if any) \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

\_\_\_\_\_

Others in Household: \_\_\_\_\_

### **II. INFORMATION ABOUT HOME BEING FORECLOSED**

Address of Property (if different from above)

\_\_\_\_\_

Names of all Co-owners w/ Address (if different)

\_\_\_\_\_

\_\_\_\_\_

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Year Purchased \_\_\_\_\_

Original Purchase Price \_\_\_\_\_

Estimate of Current Value \_\_\_\_\_

Number of Rooms \_\_\_\_\_

Owner Occupant::

At purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

Now? Yes \_\_\_\_\_ No \_\_\_\_\_

Multi-Family Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of tenants \_\_\_\_\_

Rent received Monthly Amount \_\_\_\_\_ Total Amount \_\_\_\_\_

Condition: Exc \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Major repairs needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

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Number of Mortgages \_\_\_\_\_

Other Liens \_\_\_\_\_

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**Notes:**

### III. MORTGAGE

Please note: some information about the mortgage may be obtained after a review of the client's records.

Type of Mortgage    Purchase Money \_\_\_\_\_  
                             Refinance \_\_\_\_\_  
                             Home Equity Loan \_\_\_\_\_  
                             Debt Consolidation \_\_\_\_\_  
                             Other \_\_\_\_\_

Year of Mortgage    \_\_\_\_\_

Original Amount    \_\_\_\_\_

Has client brought original loan papers? Yes \_\_\_\_ No \_\_\_\_

Current Lender or Servicer    \_\_\_\_\_

Address of Current Lender or Servicer

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person \_\_\_\_\_

Loan Account Number \_\_\_\_\_

Investor/Insurer    FHA Insured \_\_\_\_\_  
                             VA \_\_\_\_\_  
                             RHS \_\_\_\_\_  
                             Fannie Mae \_\_\_\_\_  
                             Freddie Mac \_\_\_\_\_  
                             PMI \_\_\_\_\_

Other \_\_\_\_\_

Term of mortgage (in months) \_\_\_\_\_

Interest Rate \_\_\_\_\_

Principal and Interest Payment (monthly) \_\_\_\_\_

Tax and Insurance Payment (monthly) \_\_\_\_\_

Total Monthly Payment \_\_\_\_\_

Months Behind \_\_\_\_\_

Total Arrears Including Costs \_\_\_\_\_

Current Principal Balance \_\_\_\_\_

Payoff Amount \_\_\_\_\_

Is Client in Default? Yes \_\_\_\_\_ No \_\_\_\_\_

Status/Amount of Monthly Payment

Reason for Default

Client's Statement of Objectives and Plan

Other Mortgages and Liens Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe

Notes:

**IMPORTANT NOTE:** If there are other mortgages, obtain information for each using the questions on the form above.

**IV. HOUSEHOLD FINANCIAL INFORMATION**

**INCOME BUDGET FOR HOUSEHOLD**

<b>SOURCE OF INCOME</b>	<b>LAST MO. ACTUAL</b>	<b>THIS MO. EXPECTED</b>	<b>THIS MO. ACTUAL</b>	<b>ADJUSTED MONTHLY</b>
Employment	\$	\$	\$	\$
Overtime				
Child Support/Alimony				
Pension				
Interest				
Public Benefits				
Dividends				
Trust Payments				
Royalties				
Rents Received				
Other (List)				
<b>TOTAL (MONTHLY)</b>	\$	\$	\$	\$

**NOTES/ANTICIPATED CHANGES:**

**EXPENSE BUDGET FOR HOUSEHOLD**

<b>TYPE OF EXPENSE</b>	<b>LAST MO. ACTUAL</b>	<b>THIS MO. EXPECTED</b>	<b>THIS MO. ACTUAL</b>	<b>ADJUSTED MONTHLY</b>
<b>Payroll Deductions</b>	\$	\$	\$	\$
Income Tax Withheld				
Social Security				
FICA				
Wage Garnishments				
Credit Union				
Other				
<b>Home Related Expenses</b>				
Mortgage or Rent				
Second Mortgage				
Third Mortgage				
Real Estate Taxes				
Insurance				
Condo Fees & Assessments				
Mobile Home Lot Rent				
Home Maintenance/ Upkeep				
<b>Utilities</b>				
Gas				
Electric				
Oil				
Water/Sewer				
Telephone:				
Land Line				
Cell				
Cable TV				
Internet				
Other				
<b>Food</b>				
Eating Out				
Groceries				
<b>Clothing</b>				
<b>Laundry and Cleaning</b>				
<b>Medical</b>				
Current Needs				
Prescriptions				
Dental				
Insurance Co-Payments or Premiums				

Other				
<b>Transportation</b>				
Auto Payments				
Car Insurance				
Gas and Maintenance				
Public Transportation				
<b>Life Insurance</b>				
<b>Alimony or Support Paid</b>				
<b>School Expenses</b>				
<b>Student Loan Payments</b>				
<b>Entertainment</b>				
<b>Newspapers/Magazines</b>				
<b>Charity/Church</b>				
<b>Pet Expenses</b>				
<b>Amounts Owed on Debts</b>				
Credit Card _____				
Credit Card _____				
Credit Card _____				
Medical Bill _____				
Medical Bill _____				
Other Back Bills (List) _____ _____				
<b>Cosigned Debts</b>				
<b>Business Debts (List)</b> _____ _____				
<b>Other Expenses (List)</b> _____ _____				
<b>Miscellaneous</b>				
<b>TOTAL</b>				

**Other Important Debt Issues:**

Wage Garnishments Yes \_\_\_\_\_ No \_\_\_\_\_

Pending Court Cases Yes \_\_\_\_\_ No \_\_\_\_\_

Pending Utility Shut-offs Yes \_\_\_\_\_ No \_\_\_\_\_

Car Loan Defaults or Repossessions Tax Debts Yes \_\_\_\_\_ No \_\_\_\_\_

Student Loan Debts Yes \_\_\_\_\_ No \_\_\_\_\_

**Other:**

**Notes/Anticipated Changes:**

**Describe Assets and Other Resources:**

Savings Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Court Cases Pending Against Others Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_

Anticipated Tax Refunds Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Assets Which Can Be Sold Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_

Pension or Retirement Funds Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_

**Other Assets and Notes:**





