

UNHS NEIGHBORWORKS® HOMEOWNERSHIP CENTER  
1611 GENESEE STREET  
UTICA, NY 13501  
315-724-4197 (P) 315-724-1415 (F)

**FORECLOSURE INTERVENTION INTAKE FORM**

**CUSTOMER**

*Please Print Clearly*

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City State Zip Code

Is this your mailing address? Yes No (if no please fill in mailing address): \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Birth Date No. of years at current address

**Race** (please circle):

- |                              |                                           |          |
|------------------------------|-------------------------------------------|----------|
| 1. White                     | 3. Native Hawaiian/Other Pacific Islander | 5. Asian |
| 2. Black or African American | 4. American Indian/Alaskan Native         | 6. Other |

**Ethnicity** (please select "yes" or "no" for Hispanic Origin)

You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No  
If yes, please specify: Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino

Are you foreign born? (Please select one): Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female Disabled? Yes No

Are you a Veteran? Yes No

**Household Type** (please select the most accurate)?

- |                                          |                                        |                             |          |
|------------------------------------------|----------------------------------------|-----------------------------|----------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult             |          |
| 4. Two or more unrelated adults          | 5. Married with children               | 6. Married without children | 7. Other |

Family/Household Size: \_\_\_\_\_ How many dependents (other than those listed by any co-borrower)? \_\_\_\_\_

Sons \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Daughters \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Other \_\_\_\_\_

Are there non-dependents who will be living in the home? Yes No If yes, list below: \_\_\_\_\_

Relationship Age Relationship Age

Annual Family or Household Income: \$ \_\_\_\_\_

**Education** (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

**LOAN INFORMATION** Please Print Clearly

Name of Mortgage Company \_\_\_\_\_ Loan # \_\_\_\_\_

Current Monthly Payment \$ \_\_\_\_\_

Mother's Maiden Name: (for security purpose) \_\_\_\_\_

Are you currently working with a real-estate agent? (please circle) Yes No

**ADDITIONAL INFORMATION**

Are you about to receive additional funds (e.g., tax refunds, inheritance, property sales, etc.)?

(please circle) Yes No If yes, how much? \$ \_\_\_\_\_

**CO-APPLICANT**

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City State Zip Code

Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race** (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Other
- 6. Native Hawaiian/Other Pacific Islander

**Ethnicity** (please select "yes" or "no" for Hispanic Origin)

You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No  
If yes, please specify: Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino

Are you foreign born? (please select one): Yes No

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female Are you disabled? (please circle): Yes No

Are you a Veteran? (please circle): Yes No

**Education** (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend  
Boyfriend Mother Father Other: \_\_\_\_\_

**ADDITIONAL INFORMATION (either CUSTOMER or CO APPLICANT)**

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				
State bankruptcy took place in _____	Name of Bankruptcy Attorney _____			

**CUSTOMER EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

**CO APPLICANT EMPLOYMENT — Last 2 Years**

*Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_ Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

**ADDITIONAL INFORMATION**

*Referred to by (please circle all that apply):*

Print Advertisement

Bank

Government/Agency

TV

Realtor

HOPE Hotline

Walk-In

Friend

Radio

Newspaper Article

*If you were referred by a bank, which one?* \_\_\_\_\_

If referred by a source not listed above, how did you hear about The HomeOwnership Center? \_\_\_\_\_

**AUTHORIZATION**

I/We hereby authorize Utica Neighborhood Housing Services, Inc., dba The HomeOwnership Center, to release/exchange information from my records in order to assist me in resolving a mortgage default. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in resolving a mortgage default.

I/We hereby give permission to pull my (our) credit report for the purpose of my (our) application for assistance in regards to my home mortgage. All information will be kept confidential between my Counselor and me. I further understand that Utica NHS, Inc. will be held harmless for information received in this credit report.

I/We hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I/We understand that Utica NHS and its representative are not legal authorities and will not be held liable for any legal actions resulting in my case.

**All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.**

\_\_\_\_\_  
*Customer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Date*



MORTGAGE/BUDGET INFORMATION

**I. CLIENT INFORMATION**

Date: \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

**II. INFORMATION ABOUT HOME BEING FORECLOSED**

Address of Property (if different from above)

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

Owner Occupied?

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

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

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

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

Rent received \_\_\_\_\_

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

Major repairs needed

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

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

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

**Notes:**

**III. MORTGAGE**

Type of Mortgage (check all that apply)      Conventional (PMI insured) \_\_\_\_\_  
ARM (adjustable rate) \_\_\_\_\_  
Fixed \_\_\_\_\_  
FHA \_\_\_\_\_  
Option ARM \_\_\_\_\_  
Hybrid ARM \_\_\_\_\_  
Refinance \_\_\_\_\_  
Home Equity Loan \_\_\_\_\_  
Debt Consolidation \_\_\_\_\_  
Other \_\_\_\_\_

Year of Mortgage \_\_\_\_\_

Original Amount \_\_\_\_\_

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 (initial rate AND current rate if Adjustable Rate Mortgage) \_\_\_\_\_% \_\_\_\_\_%

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 Mortgage in Default?      Yes \_\_\_\_\_      No \_\_\_\_\_

Status/Amount of Monthly Payment

**Reason for Default** (this section MUST be completed)

**Client's Statement of Objectives and Plan** (i.e. Do you want to save the house and if so how can you accomplish that?)

**IV. HOUSEHOLD FINANCIAL INFORMATION**

**INCOME BUDGET FOR HOUSEHOLD**

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

NOTES/ANTICIPATED CHANGES:

**EXPENSE BUDGET FOR HOUSEHOLD**

<b>TYPE OF EXPENSE</b>	<b>LAST MO. ACTUAL</b>	<b>THIS MO. EXPECTED (if there will be a change)</b>
<b>Payroll Deductions</b>	<b>\$</b>	<b>\$</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		
<b>Condo Fees &amp; Assessments</b>		
Mobile Home Lot Rent		
<b>Home Maintenance/ Upkeep</b>		
<b>Utilities</b>		
Gas		
Electric		
Oil		

TYPE OF EXPENSE	LAST MO. ACTUAL	THIS MO. EXPECTED (if there will be a change)
Water/Sewer		
Telephone:		
Land Line		
Cell		
Cable TV		
Internet		
Other		
Food		
Eating Out		
Groceries		
Clothing		
Laundry and Cleaning		
Medical		
Current Needs		
Prescriptions		
Dental		
Insurance Co-Payments or Premiums		
Other		
Transportation		
Auto Payments		
Car Insurance		
Gas and Maintenance		
Public Transportation		
Life Insurance		
Alimony or Support Paid		
School Expenses		
Student Loan Payments		
Entertainment		
Newspapers/Magazines		
Charity/Church		
Pet Expenses		
Amounts Owed on Debts		
Credit Card		
_____		
Credit Card		
_____		
Credit Card		
_____		
Medical Bill		
_____		
Medical Bill		
_____		
Other Back Bills (List)		
_____		
_____		
_____		
Cosigned Debts		
Business Debts (List)		

TYPE OF EXPENSE	LAST MO. ACTUAL	THIS MO. EXPECTED (if there will be a change)
_____		
_____		
<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 \_\_\_\_\_

**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:**

**V. OTHER INFORMATION**

1. Have you made an effort to arrange a workout on your own? What was the result?

2. Have you filed bankruptcy? If so when? Current status of case if still pending? If bankruptcy is over, what result?

3. Other issues: