

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

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

NOTES/ANTICIPATED CHANGES:

EXPENSE BUDGET FOR HOUSEHOLD

TYPE OF EXPENSE	LAST MO. ACTUAL	THIS MO. EXPECTED (if there will be a change)
Payroll Deductions	\$	\$
Income Tax Withheld		
Social Security		
FICA		
Wage Garnishments		
Credit Union		
Other		
Home Related Expenses		
Mortgage or Rent		
Second Mortgage		
Third Mortgage		
Real Estate Taxes		
Insurance		
Condo Fees & Assessments		
Mobile Home Lot Rent		
Home Maintenance/ Upkeep		
Utilities		
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)

Other Expenses (List)		

Miscellaneous		
TOTAL		

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: