

FORM 1: FORECLOSURE PREVENTION INTAKE FORM

I. CLIENT INFORMATION

Date: _____

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	
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
Condition	Exc ___ Good ___ Fair ___ Poor ___
Major repairs needed	Describe
Number of Mortgages	
Other Liens	

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?

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				
SOURCE OF INCOME	LAST MO. ACTUAL	THIS MO. EXPECTED	THIS MO. ACTUAL	ADJUSTED MONTHLY
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	THIS MO. ACTUAL	ADJUSTED MONTHLY
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				
Water/Sewer				
Telephone				
Other				
Food				
Clothing				
Laundry and Cleaning				
Medical				
Current Needs				
Prescriptions				
Dental				
Other				
Transportation				
Auto Payments				
Car Insurance				

Gas and Maintenance				
Public Transportation				
Life Insurance				
Alimony or Support Paid				
School Expenses				
Recreation				
Charity/Church				
Student Loan Payments				
Amounts Owed on Debts				
Credit Card				
Credit Card				
Credit Card				
Medical Bill				
Medical Bill				
Other Back Bills (List)				
Cosigned Debts				
Business Debts (List)				
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 Yes___ No___
- Tax Debts Yes___ No___
- Student Loan Debts Yes___ No___

Other:

Notes/Anticipated Changes:

Describe Assets and Other Resources:

Savings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount \$ _____
Court Cases Pending Against Others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value \$ _____
Anticipated Tax Refunds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount \$ _____
Assets Which Can Be Sold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value \$ _____
Pension or Retirement Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value \$ _____

Other Assets and Notes:

INCOME AND EXPENSE TOTALS				
	Last Mo. Actual	This Mo. Expected	This Mo. Actual	Adjusted Expected
A. Total Projected Monthly Income				
B. Total Projected Monthly Expenses				
Excess Income or Shortfall (A minus B)				

Notes:

V. OTHER INFORMATION

1. Have client(s) made an effort to arrange a workout on their own? What result?

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

3. Other issues which came up during interview.

4. Questions and open issues that must be resolved.