

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:

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.

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)				

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 _____

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:

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.