

## A.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:**



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	LAST MO. ACTUAL	THIS MO. EXPECTED	THIS MO. ACTUAL	ADJUSTED MONTHLY INCOME
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 INCOME
<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				
Manufactured 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				

TYPE OF EXPENSE	LAST MO. ACTUAL	THIS MO. EXPECTED	THIS MO. ACTUAL	ADJUSTED MONTHLY INCOME
<b>Medical (cont'd.)</b>		\$	\$	\$
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:**

**INCOME AND EXPENSE TOTALS**

	LAST MO. ACTUAL	THIS MO. EXPECTED	THIS MO. ACTUAL	ADJUSTED EXPECTED
<b>A. Total Projected Monthly Income</b>				
<b>B. Total Projected Monthly Expenses</b>				
<b>Excess Income or Shortfall (A minus B)</b>				

Notes:

