



Twin Cities Habitat for Humanity
Mortgage Foreclosure Prevention Program
 1954 University Ave W, St. Paul, MN 55104
 Phone and Fax: 612-305-7189
<http://www.tchabitat.org/mfpp>

MORTGAGE FORECLOSURE PREVENTION PROGRAM TRIAGE FORM

Please complete the following questions to the best of your ability. If you don't know an answer, just leave it blank. If an answer doesn't apply, put "N/A"

What is today's date?			How did you hear about us?			Are you a Habitat Homeowner?		
						<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you live in the property?					If not, who lives there?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
Are you on the mortgage?					If you aren't on the mortgage, who is?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
If you aren't on the mortgage, what is your connection to the property?								
Are you working with any other foreclosure prevention agencies or attorneys? If yes, who?								
ADDRESS OF PROPERTY YOU'RE CONTACTING US ABOUT								
House #		Street Name			City		State	Zip
PARTICIPANT 1					PARTICIPANT 2			
What is your name?					What is your name?			
Date of Birth		Last 4 of Social			Date of Birth		Last 4 of Social	
Best Phone Number					Best Phone Number			
Email Address					Email Address			
What is your race or ethnicity?					What is your race or ethnicity?			
Are you Hispanic?		Marital Status			Are you Hispanic?		Marital Status	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you a veteran?		Are you disabled?			Are you a veteran?		Are you disabled?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your highest level of education?					What is your highest level of education?			

Relationship to Participant 2				Relationship to Participant 1			
Mailing Address (if different from property)				Mailing Address (if different from property)			
House #	Street			House #	Street		
City	State	Zip		City	State	Zip	
Do you own or rent your current residence?				Do you own or rent your current residence?			
Who lives in the property in question? .							
Person Name	Relationship to You?	Gender	Date of Birth			Veteran?	Disability?
Do you want to keep the property?				Is the property for sale?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
OTHER PROPERTIES OWNED BY EITHER PARTICIPANT							
House #	Street Name	City	State	Zip	Owner		
HAS EITHER BORROWER BEEN IN BANKRUPTCY?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person Filing	Chapter Filed	Date of Filing			Discharge Date?		
TELL US ABOUT ANY MORTGAGES AND OTHER LIENS ON THE MAIN PROPERTY							
Mortgage	Loan/Lien 1	Loan/Lien 2		Loan/Lien 3			
Company Name							
Loan Number							
Payment							
Interest Rate							

Mortgage	Loan/Lien 1			Loan/Lien 2			Loan/Lien 3					
Fixed or Adjustable Rate?												
# Payments Behind												
Amount Behind												
Original Principal												
Principal Remaining												
Loan start date												
Loan end date												
FHA, VA, Fannie Mae, or Freddie Mac?												
Heard from Foreclosure Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Sheriff's Sale Date												
Have you postponed your sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Last Refinance Date												
Last Modification Date												
PROPERTY TAXES				HOMEOWNERS' INSURANCE								
Escrowed?	Yearly Amount	Current?		Escrowed?	Yearly Amount	Current?						
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N					
HOMEOWNERS' ASSOCIATION												
Name	Monthly Dues	Is it current?		Payments Behind	Amount Behind							
		<input type="checkbox"/> Yes	<input type="checkbox"/> No									
TELL US ABOUT ALL INCOME IN THE HOUSE												
<i>Employment Income</i>												
About	Job 1			Job 2			Job 3			Job 4		
Employee Name												
Job Title												
Employer Name												
Start Date												
Type of Company												
Hours per week												
Monthly Pre Tax Income												
Monthly Post Tax Income												
<i>Other Income (Social Security, rent, pension)</i>												

Person Receiving	Type of Income	Amount	Frequency

OTHER ASSETS

Tell us about other assets owned by the homeowners.

Asset	Whose Is It?	Value
Checking / Savings Account		
Checking / Savings Account		
Checking / Savings Account		
Checking / Savings Account		
Car 1		
Car 2		
Other (specify):		
Other (specify):		

OTHER DEBTS

Type of Debt	Whose Is It?	Value

REASON FOR CONTACTING PROGRAM (HARDSHIP)

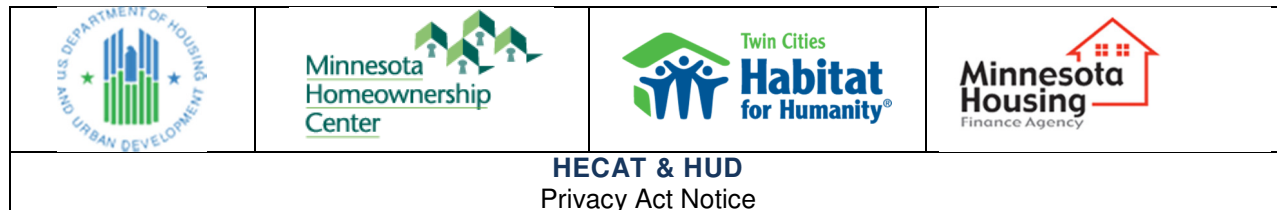
Date Hardship Began	Date Hardship Ended	Have you talked to your bank?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tell us why you are concerned about your housing affordability.

If you have talked to your bank, what have they said? Have they mentioned a modification, repayment plan, or other method?

MONTHLY BUDGET			
Name:		Date:	
Address:		Counselor:	
A. Type Of Income	Notes	Net Income	Gross Income
Total Income	Add Section A		
B. Housing Expenses	Notes	Current	Balance
1st Mortgage			
2nd Mortgage			
3rd Mortgage			
Property Taxes			
Homeowner's Insurance			
Association Dues			
Total Housing Expenses	Add Section B		
C. Non Housing Expenses	Notes	Current	Balance
Rent Paid at Other Properties			
Electric			
Heat / Gas			
Water / Sewer / Trash			
Phone			
Food / Groceries			
Cable/Internet/Satellite			
Auto Payment			
Gas / Oil for Auto / Bus Fare			
Auto Insurance and Maintenance			
Child Care			
Child Support / Alimony			
Health Insurance / Rx & Copay / Medication			
House Maintenance			
Other Insurance			
Other Loans			
Tuition / Student Loan Payments			
Dry Cleaning / Laundry			
Household Supplies			
Other			
D. TOTAL NON HOUSING EXPENSES	Add Section C		
E. TOTAL EXPENSES	Section B + C		
F. TOTAL NET INCOME	Section A		
G. INCOME – EXPENSES	Section F-E		

ADDITIONAL PEOPLE IN HOUSE (IF NEEDED)										
Person Name	Relationship to You?	Gender	Date of Birth			Veteran?	Disability?			
ADDITIONAL INCOME IN HOUSE (IF NEEDED)										
<i>Employment Income</i>										
About	Job 1	Job 2	Job 3			Job 4				
Employee Name										
Job Title										
Employer Name										
Start Date										
Type of Company										
Hours per week										
Monthly Pre Tax Income										
Monthly Post Tax Income										
<i>Other Income (Social Security, rent, pension)</i>										
Person Receiving	Type of Income		Amount			Frequency				



We at Twin Cities Habitat for Humanity value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs area funded in part by the Homeownership Education Counseling and Training (HECAT) Fund and United States Department of Housing and Urban Development (HUD): Homebuyer Education (Home Stretch & Pathways Home), Homebuyer Counseling, Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling and Foreclosure Counseling. The HECAT funders include: Minnesota Housing, Minnesota Homeownership Center, Greater Minnesota Housing Fund, and the Family Housing Fund.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Homebuyer Counseling program if you refuse to provide your social security number. If you do not provide your social security number services to you may be more limited, but you will continue to be eligible to receive services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the HECAT funded programs listed above. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private information for the purposes of program management, compliance monitoring, research, and program evaluation to (check all that apply):

- Support homebuyer education
- Support homebuyer counseling
- Support reverse mortgage counseling
- Support foreclosure counseling

We collect your private information from the following sources: information that we receive from you on applications or other forms, information about your transactions with us, and information we receive from a consumer reporting agency.

We may disclose the following types of private information about you;

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, assets, debts, and income;
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency, such as credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified above and to other entities properly authorized under law to review it.

- Staff at this organization who need it to work on your case;
- HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Homeownership Center;
- United States Department of Housing and Urban Development (HUD).

I acknowledge that I have received this notice and understand and agree to its content. Please indicate your acknowledgement with your signature, below.

Client Name	Client Signature	Date
Client Name	Client Signature	Date
Verbal acknowledgement is acceptable if information was provided to client in non face-to-face counseling session.		
The undersigned verifies that verbal acknowledgement has been given. The client was fully informed of the information contained herein and understood its nature.		
Client Name	Counselor Signature	Date
NOTE TO COUNSELOR:, we recommend sending a copy of the Combined Privacy Act Notice to clients who have given verbal acknowledgement of this notice. At a minimum, clients must provide public data (i.e. name and address) to receive HECAT services. If a client refuses to provide public data the Educator/Counselor may not provide HECAT services.		



We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please carefully read the following disclosures and acknowledgements.

I understand that Twin Cities Habitat for Humanity provides foreclosure mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that Twin Cities Habitat for Humanity receives federal and state funding from the U.S. Department of Housing and Urban Development and the Minnesota Housing and Finance Agency and it is required to share some of my personal information with the entities as described and acknowledged in the "Combined Privacy Act Notice," for the purposes of program monitoring, management, compliance, and evaluation.

- I understand that a counselor may answer questions and provide information, but not give legal advice.
- I understand that, in addition to foreclosure mitigation counseling, Twin Cities Habitat for Humanity also provides the following types of services:
 - Home purchase counseling, A Brush With Kindness home repair, Restore home improvement store.
- I understand that Twin Cities Habitat for Humanity is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.
- I understand that Twin Cities Habitat for Humanity or one of its foreclosure mitigation counselors may have one of the following conflicts through referral or in fact:
 - We hold or service a mortgage secured against your property and have a stake in the performance of the loan;
 - We purchases, redevelop, and sell, for a fee, properties at risk of, or involved in foreclosure;
 - We receive financial support from mortgage servicer or investor. Payment may be based on acceptance of a loss mitigation offer.

I understand that I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I acknowledge that I have received a copy of the Privacy Act Notice and that if I choose to not sign or verbally acknowledge the Privacy Act Notice, my counselor may not provide foreclosure prevention counseling services.

I acknowledge that Twin Cities Habitat for Humanity and NeighborWorks America may conduct follow-up with me related to program evaluation.

I acknowledge that I have received this notice and understand and agree to its content. Please indicate your acknowledgement with your signature, below.

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