



Mortgage Foreclosure Prevention Program Intake Form

1954 University Ave W, St. Paul, MN 55104
Phone and Fax: 612-305-7147
www.tchabitat.org/mfpp

Today's Date _____

Reason for Call/Concern

Other Foreclosure Organization

Are you working with any other organization offering foreclosure services? Yes No

Organization: _____

Authorization / Privacy Forms

Reviewed and signed Privacy Notice & Disclosure Forms: Yes No

Demographic Information

Name: _____

Other name(s) / co-owner: _____

Property Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Other Phone: _____

Email: _____

How did you hear about us? _____

Number of people in household: _____ Children under 18: Yes No

Gender: Male Female

Are you a Veteran? Yes No

Were you born outside of the U.S? Yes No

Are you a single parent household? Yes No

Do you need a language assistance or an interpreter? Yes No

Your age? _____

Are you disabled? Yes No. Last four #s of SSN: _____

Highest education level completed:

- Some high school some college or trade school Bachelor's degree
 High school diploma / GED Associates degree Graduate degree

Marital Status: Single Married Divorced Widow

Are you Active Military? Yes No

Single Race

- American Indian / Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Undisclosed

Multiple Race

- American Indian / Alaskan Native & White
 American Indian / Alaskan Native & Black
 Asian & White
 Black or African American & White
 Native Hawaiian/Other Pacific Islander & Black
 Other multiple race: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

What is your household annual gross income (you can find this on last year's taxes)? _____

Employer _____ Start Date _____ Title/Position _____

Employer _____ Start Date _____ Title/Position _____

Mortgage Information

Mortgage company/servicer: _____ Investor: _____

Current Monthly payment: \$ _____ Interest Rate: Fixed: Rate _____% ARM: Rate _____%

If ARM: Rate prior to reset _____% Previous payment \$ _____

Term type (30 year, 20 year, 2/28, etc.): _____

Current Principal Balance: _____

Delinquency: # Months behind _____ Past Due Amount \$ _____

Have you been behind on this mortgage before? Yes No

Have you received a loan modification before? Yes No

Reason for falling behind on mortgage payments: _____

Have you talked to the mortgage company/servicer? Yes No *If Yes, what was discussed:*

Have you heard from a foreclosure attorney? Yes No

Is there a foreclosure sale (Sheriff's Sale) scheduled? Yes No If yes, date: _____

Other Housing Expenses

| | Company | (#) Months Delinquent | Monthly Payment | (\$ Amount Delinquent |
|---------------------------|---------|-----------------------|-----------------|-----------------------|
| 2 nd Mortgage: | | | | |
| 3 rd Mortgage: | | | | |
| Homeowners Association: | | | | |

| | Escrowed | (#) Months Behind | Monthly Amount | (\$ Amount Delinquent |
|-----------------|--|-------------------|----------------|-----------------------|
| Property Taxes: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | Escrowed | Policy lapsed? | Notice of Force-Placed? | (\$ Amount Delinquent |
|-----------------------|--|----------------|-------------------------|-----------------------|
| Homeowners Insurance: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Budget

Complete Basic Monthly Budget (attached)

Additional Information

Do you wish to stay in your home? Yes No

Please list any other relevant information or steps taken to resolve the situation:



HECAT & HUD
Conflict Warning and Disclosure

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 purchase, 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.

| Client Name | Client Signature | Date |
|-------------|------------------|------|
| | | |
| Client Name | Client Signature | Date |
| | | |

For counselor use only:

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.



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<http://www.tchabitat.org/mfpp>

I/We hereby authorize **Twin Cities Habitat for Humanity (TCHFH), its agents or assigns** to verify my/our past and present employment earnings, records, past and present employment status, bank accounts, obligations, and all other financial matters. I/We also give my/our consent to contact my/our accountant, tax preparer, or the Internal Revenue Service, in the event my/our tax returns are needed to verify any reported income. I/We further authorize TCHFH, its agents or assigns to order a consumer credit report (free of charge), and verify other credit information, including past and present mortgages and contracts-for-deed. I/We also authorize TCHFH to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party listed in this authorization to include but not be limited to in person, via phone, via fax and via email. It is understood that a photocopy of this form will also serve as authorization. **This form will be good for 36 months from the date of signature unless I notify TCHFH in writing prior to the expiration of this period.**

| | | | | | |
|--|-----------------|------|-------|------|--|
| Financial Institution Name: | | | | | |
| Financial Institution Loan Number: | | | | | |
| Applicant Name: | | | | | |
| Applicant Social Security Number: | | | | | |
| Co-applicant Name: | | | | | |
| Co-applicant Social Security Number | | | | | |
| Property Address (please complete below) | | | | | |
| House Number | Street and Unit | City | State | ZIP | |
| | | | | | |
| Home Phone Number: | | | | | |
| Other Phone Number: | | | | | |
| Applicant Signature | | | | Date | |
| | | | | | |
| Coapplicant Signature | | | | Date | |
| | | | | | |

| For Counselor Use Only | |
|--------------------------------------|--|
| Counselor Name: | |
| Counselor Phone Number | |
| Counselor Email | |
| TCHFH Tax ID Number (last 4 digits): | |



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WHAT TO EXPECT

The advisor will help you:

- Understand the foreclosure and tax forfeiture processes so that you know what to expect and when
- Explore options available to you for prevention foreclosure

Advisors are not able to prevent foreclosure or tax forfeiture in every situation but are committed to working with you so you can make the best decisions possible.

The advisor will work with you to understand:

- The amount and cause of the mortgage default
- Your income and expenses by developing a budget
- Solutions to the cause of default and adjustments to your budget, as needed
- Your mortgage product and communication with your mortgage company
- Available options for preventing foreclosure or tax forfeiture including the pros and cons of each

Together with the advisor you will develop an action plan with next steps.

ADVISOR COMMITMENT

The advisor agrees to:

- Provide you with factual information
- Complete any advisor action steps in a timely manner
- Make referrals to needed resources
- Provide services confidentially, honestly, and respectfully

HOMEOWNER COMMITMENT

You understand that in order for the advisor to provide you with the best possible service, you agree to:

- Provide honest and complete information
- Provide all necessary documentation and complete action plan steps within the timeframe requested
- Notify the advisor immediately, preferably 6 hours before a scheduled appointment, if you will be unable to attend an appointment
- Be on time for scheduled appointment. If you are late for an appointment, the appointment will still end at the scheduled time and the advisor may need to reschedule
- Contact the advisor about any changes in your situation immediately

| | | |
|-------------------|------------------------|------|
| Applicant Name | Applicant Signature | Date |
| | | |
| Co-applicant Name | Co-applicant Signature | Date |
| | | |
| Advisor Name | Advisor Signature | Date |
| | | |

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 | | | |
| Property Taxes | | | |
| Homeowner's Insurance | | | |
| Association Dues | | | |
| Total Housing Expenses | Add Section B | | |
| C. Non Housing Expenses | Notes | Current | Balance |
| Rent Paid at Your Primary Residence | | | |
| Total Mortgages Paid at Rental Properties | | | |
| Electric | | | |
| Heat / Gas | | | |
| Water / Sewer / Trash | | | |
| Phone | | | |
| Cable/Internet/Satellite | | | |
| Food / Groceries | | | |
| Auto Payment | | | |
| Gas / Oil for Auto / Bus Fare | | | |
| Auto Insurance and Maintenance | | | |
| Child Care | | | |
| Child Support / Alimony | | | |
| Health Insurance | | | |
| Out of Pocket Medication / Copays | | | |
| Home Maintenance and Supplies | | | |
| Toiletries and Household Supplies | | | |
| Other Insurance (Life, malpractice, etc) | | | |
| Personal Loans | | | |
| Credit Cards | | | |
| Tuition / Student Loan Payments | | | |
| 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 | | |



**HECAT & HUD
Combined Privacy Act Notice**

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 are 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.

Participant Signature

Date

Participant Signature

Date

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The undersigned verifies that verbal acknowledgement has been given. The client was fully informed of the information contained herein and understood its nature.

Client's Name

Counselor's Signature

Date

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