



FORECLOSURE INTERVENTION INTAKE FORM

I. CLIENT INFORMATION

Date: _____

Name(s) _____
 Property Address _____
 Home Phone(s) _____ Cell Phone(s) _____
 Work Phone(s) _____ Email Address _____

II. DEMOGRAPHIC INFORMATION

Age: _____; Gender: M ___ F ___; ___ U.S. Citizen; ___ Immigrant; ___ Disabled Language of preference: ___ English; ___ Spanish	Ethnicity: ___ White; ___ Hispanic; ___ Black or African American; ___ Asian; ___ Native Hawaiian/Other Pacific Islander; ___ Native American/American Indian; ___ Other
---	--

III. INFORMATION ON HOME BEING FORECLOSED

Additional Co-Owners with Address (if different from above)	
Year Purchased	
Original Purchase Price	
Current Estimate of Value	
Number of Rooms	
Owner Occupied?	At purchase? Yes <input type="checkbox"/> No <input type="checkbox"/> Now? Yes <input type="checkbox"/> No <input type="checkbox"/>
Condition	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Major Repairs Needed?	Describe
Number of Mortgages	
Lender 1 Information/Telephone Loan Number Current Loan Balance/Interest Rate Monthly payment Currently Past Due? Number of Months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lender 2 Information/Telephone Loan Number Current Loan Balance/Interest Rate Monthly payment Currently Past Due? Number of Months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Property Tax Annual Homeowner's Insurance Property Taxes & Insurance escrowed?	Yes <input type="checkbox"/> No <input type="checkbox"/> paid current? Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly HOA Currently Past Due? If yes, Number of Months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many months are you behind? Has your Lender initiated foreclosure proceedings? If yes, when?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a workout package from your Lender? How much do you have saved to put towards your arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you contacted your Lender?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. HOUSEHOLD INCOME:

Borrower:	Co-Borrower
-----------	-------------

COMMENTS: _____

Counselor: _____