

FORECLOSURE PREVENTION INTAKE

Applicant

First Name _____ MI ____ Last Name _____
 Street/Mailing Address _____ County _____
 City _____ State _____ Zip _____
 Home _____ Work _____ Social Security # _____
 Fax _____ Cell _____ Birth Date (MM/DD/YEAR) _____
 Email _____

Origin/Background

White Hispanic/Latino African American & White American Indian/Alaskan Native
 Asian African American or Black American Indian/Alaskan & White
 Asian & White African American Native Hawaiian/Pacific Islander Other _____
 Gender? Male Female Disabled? Yes No US Born? Yes No Veteran? Yes No

Education

Less than High School completion High School Diploma or GED 1-2 years of College
 Bachelor's Degree Master's Degree More than a Master's Degree

Co-Applicant

First Name _____ MI ____ Last Name _____
 Address _____ County _____
 City _____ State _____ Zip _____
 Home _____ Work _____ Social Security # _____
 Fax _____ Cell _____ Birth Date (MM/DD/YEAR) _____
 Email _____

Origin/Background

White Hispanic/Latino African American & White American Indian/Alaskan Native
 Asian African American or Black American Indian/Alaskan & White
 Asian & White African American Native Hawaiian/Pacific Islander Other _____
 Gender? Male Female Disabled? Yes No US Born? Yes No Veteran? Yes No

Education

Less than High School completion High School Diploma or GED 1-2 years of College
 Bachelor's Degree Master's Degree More than a Master's Degree

Relationship to Applicant

Spouse Daughter Sister Son Brother Other _____

Household Information

Single Married with Children Female single parent family Male single parent family
 Married no children Two or more unrelated adults Other _____

Annual household income \$ _____ Total number in household _____ Number/age of dependents _____

Any non-dependents in household? Yes No If yes, relationship/age? _____

Sources of Income

Employment Hire date _____ Unemployment Insurance Social Security
 SSI TANF Annuities Pension Other _____

Referral

Newspaper Article TV Realtor Staff/Board Member Print Advertisement
 Word-of-mouth Radio Walk-in NeighborImpact Brochure Other _____

Scams

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means, such as a flyer?

Yes No

Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments?

Yes No

Housing Preservation Information

Name of 1st Lender _____

Loan Number _____ Interest Rate _____

Name of 2nd Lender _____

Loan Number _____ Interest Rate _____

Name of 3rd Lender _____

Loan Number _____ Interest Rate _____

Total PITI (Total amount you pay on all loans for your home including taxes and insurance) _____

Loan Information

What type of loan do you currently have? 3 Yr Arm 5 Yr Arm 7 Yr Arm 30 Yr Fixed 40 Yr Fixed
 Hybrid Interest Only Pay Option Arm Other _____

If your interest rate reset, what was your starting rate? _____ N/A

If your payment changed, what was it before it changed? _____ N/A

How much do you still owe on your loan? _____

How many more months do you have to pay on your loan? _____

If you have mortgage insurance, what type do you have? _____ N/A

What is the status of your loan? Current 30-60 days late 61-90 days late 120+ days late

How much are you behind in payments (include taxes and insurance if part of your payment)? _____

Primary reason for default? Reduction in income Poor budget management skills Loss of income Medical issues Death Increase in expenses Divorce or separation Increase in loan payment Business venture failed

If you have talked with your mortgage company, what was discussed? _____

What is the current estimated value of your home? _____

Amount available to put towards mortgage if we cannot modify: _____

Would you be willing to discuss your experience with others if your outcome is successful? Yes No

The Mid-Columbia Housing Resource Center is committed to assuring 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 the information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. NeighborImpact has a grievance policy and you can request a copy of it at any time from our agency or you can download it from our website.

TYPES OF INFORMATION THE WE GATHER ABOUT YOU

1. Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets, and income.
2. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
3. Information we receive from a credit reporting agency, such as your credit history.

YOU MAY OPT-OUT OF CERTAIN DISCLOSURES

1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (541-318-7506 EXT: 309) and do so.

RELEASE OF YOUR INFORMATION TO THIRD PARTIES

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process)
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I received a copy of NeighborImpact's Privacy Policy.

1. I may be referred to other housing 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.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that NeighborImpact provides counseling and education on loss mitigation, credit/budget management, reverse mortgages, individual development accounts, loan products, homebuyer education/counseling, post-purchase and financial fitness classes. NeighborImpact currently does not have any financial relationships with industry partners. I further understand that the housing counseling I receive from NeighborImpact in no way obligates me to choose any of these particular housing programs.

I authorize the Mid-Columbia Housing Resource Center to:

Obtain a copy of the FINAL HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Applicant

Date

Co-Applicant

Date





AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release/exchange of my information to and from the Mid-Columbia Housing Resource Center in order to assist with my case.

I understand that this information will be released only to those institutions, companies and agencies that the Mid-Columbia Housing Resource Center reasonably believes can provide assistance, or to agencies which support the operations and mission of the Mid-Columbia Housing Resource Center, including HUD, CDBG and other state programs. Examples of such entities include mortgage servicers, mortgage investors, public agencies and nonprofit organizations.

I understand that the provision of services at NeighborImpact is not contingent on my signing this authorization form.

This consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has already been taken.

I acknowledge that a copy or electronic reproduction of this form is as valid as the original.

Client's Name (Please Print)

Client's Signature

Date

Client's Name (Please Print)

Client's Signature

Date