

# INTAKE FORM

## Foreclosure Prevention Counseling

### CONTACT INFORMATION

\_\_\_\_\_  
 First Last Middle

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip Code

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Home Work Other/Cell

**Preferred Contact Type**

Email  Home Phone  Work Phone  Cell Phone

\_\_\_\_\_  
 Preferred Language in Household Email

### CASE DATA

**Total Number of Co-Applicants**  1  2  3  4  5

**Referral Source: How did you hear about us? (Check all that apply)**

Staff/Board Member  Oak Park Farmers Market  Realtor  Weed & Seed  
 Family/Friend  Sac Bee - Class Schedule  Lender  Other  
 Walk-In  News Article  TV  
 HUD  Radio  Univision 19  
 NW Sac Website  FHA  City of \_\_\_\_\_

**Race (Check all that apply)**

American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  
 Asian  White  
 Black/African American  Other/Multiple Race  
 Hispanic

**How many people are in your home?** \_\_\_\_\_

Gender  Male  Female  
 Who is considered the Head of Household?  Applicant  Co-Applicant  
 Are you a Veteran?  Yes  No  
 Are you Foreign Born?  Yes  No

**Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CASE DATA (continued)**

Are you Disabled?  Yes  No

Is your Dependent Disabled?  Yes  No

**Education**

College  High School/GED  None

Primary  Vocational

**Marital Status**

Single  Married

**What is your approximate yearly income?** \$ \_\_\_\_\_

**What County do you currently live in?** \_\_\_\_\_

Current Residence?  Own  Rent

**Social Security Number**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**CO-APPLICANT**

\_\_\_\_\_  
First Last Middle

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Work Other/Cell

Are you Disabled?  Yes  No

**Social Security Number**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Relationship to Primary Customer**

Brother  Employer  Father  Husband  
 Mother  Sister  Wife  Other

**Race (Check all that apply)**

American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  
 Asian  White  
 Black/African American  Other/Multiple Race  
 Hispanic

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Email

Gender  Male  Female

Are you a Veteran?  Yes  No

Are you Foreign Born?  Yes  No

**ADDITIONAL INFORMATION**

**Household Type**

- Female-headed single-parent
- Male-headed single-parent
- Other
- Married with dependents
- Married without dependents
- Single Adult
- Two or more unrelated adults

**Default Reason**

- Business venture failed
- Death of a family member
- Divorce/Separation
- Other
- Increase in expense
- Increase in loan payment
- Loss of income
- Medical Issues
- Not in default
- Poor budget management
- Reduction in income

\_\_\_\_\_  
Employer Title

\_\_\_\_\_  
Date Start Business Type

\_\_\_\_\_  
Monthly Gross Income Monthly Net Income

**Housing Arrangement**     Homeowner with a mortgage     Homeowner with mortgage paid off

**SERVICE DISCLOSURE (Please Review)**

NeighborWorks® HomeOwnership Center Sacramento Region is a housing counseling agency, certified by the Department of Housing and Urban Development (HUD), to offer assistance in guiding you through the foreclosure process. We are not a legal firm and do not offer legal advice. Your legal rights regarding a delinquent status of your loan or bankruptcy considerations should be discussed with an attorney. Tax consequences of foreclosure or pre-foreclosure sales should be discussed with a qualified tax professional.

Should you decide to sell your home as a way of avoiding foreclosure, you have a right to choose your own real estate agent, lending institution, and all other real estate industry professionals. Taking part in our group or individual counseling services does not require you to use any of our real estate or mortgage services, or use the services of anyone that we may refer to you.

**SIGNATURE**

I/We understand the information provided above and give authorization to NeighborWorks® Home Ownership Center, Sacramento Region to enter information in my file to a data collection system, and open files which may be monitored and reviewed for compliance purposes. In addition I/We give authorization to pull my/our credit records for the purpose of evaluation and progress monitoring.

\_\_\_\_\_  
**Customer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Joint Customer**

\_\_\_\_\_  
**Date**

The information we collect through our Intake Form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent we do not disclose your personal information to any unaffiliated third parties other than for required program auditing. If you have any questions or concerns please feel free to discuss them with any of our Homeownership Counselors.



**Thank you for visiting NeighborWorks® HomeOwnership Center Sacramento Region**

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Assigned Counselor Service Type