

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 (not including yourself) 1 2 3 4 5

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

<input type="checkbox"/> Staff/Board Member	<input type="checkbox"/> Facebook, Twitter, etc	<input type="checkbox"/> Realtor	<input type="checkbox"/> FHA
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Oak Park Farmers Market	<input type="checkbox"/> Lender	<input type="checkbox"/> Weed & Seed
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Sac Bee - Class Schedule	<input type="checkbox"/> TV	<input type="checkbox"/> Other
<input type="checkbox"/> HUD	<input type="checkbox"/> News Article	<input type="checkbox"/> Univision 19	
<input type="checkbox"/> NW Sac Website	<input type="checkbox"/> Radio	<input type="checkbox"/> City of _____	

Race (Check all that apply)

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other/Multiple Race
<input type="checkbox"/> Hispanic	

How many people are in your home? _____

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Who is considered the Head of Household?	<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant
Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you Foreign Born?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

_____-_____-_____

JOINT CUSTOMER

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Female-headed single-parent | <input type="checkbox"/> Married with dependents | <input type="checkbox"/> Single Adult |
| <input type="checkbox"/> Male-headed single-parent | <input type="checkbox"/> Married without dependents | <input type="checkbox"/> Two or more unrelated adults |
| <input type="checkbox"/> Other | | |

Default Reason

- | | | |
|---|---|---|
| <input type="checkbox"/> Business venture failed | <input type="checkbox"/> Increase in expense | <input type="checkbox"/> Not in default |
| <input type="checkbox"/> Death of a family member | <input type="checkbox"/> Increase in loan payment | <input type="checkbox"/> Poor budget management |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Loss of income | <input type="checkbox"/> Reduction in income |
| <input type="checkbox"/> Other | <input type="checkbox"/> Medical Issues | |

Employer

Title

Date Start

Busines Type

Monthly Gross Income

Monthly Net Income

Housing Arrangement Homeowner with a mortgage Homeowner with mortgage paid off

CONFLICT OF INTEREST STATEMENT/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.

PRIVACY POLICY (Please Review)

NeighborWorks® HomeOwnership Center Sacramento Region values your trust and is committed to the responsible management and oversight over the collection of personal information. We only collect and use personal information in order to process the service you have requested. This notice describes our policy regarding the collection of personal information.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and

PRIVACY POLICY (Cont'd)

- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes. That reporting data is summarized in aggregate and not identified by individual household.

We may also disclose personal information about you to third parties as permitted by law.

Confidentiality & Security

We restrict access to personal information about you to those of our employees who need to know that information or provide products and service to you and help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

National Foreclosure Mitigation Counseling Authorization

I/We understand the information provided above and give authorization to NeighborWorks® Home Ownership Center, Sacramento Region to (a) submit client-level information relating to this grant to the NFMC Data Collection System, (b) open files which may be monitored and reviewed for compliance purposes, by a third party and (C) conduct follow-up with client related to program evaluation. (d) In addition I/We give authorization to pull my/our credit records for the purpose of evaluation and progress monitoring.

Clients may opt out of option (c) only by checking this box:

SIGNATURE

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