



130 N State Avenue, Somerton, AZ 85350  
Phone: (928) 627-4221 Fax: (928) 722-5760

**FORECLOSURE INTERVENTION NFMC PROGRAM • INTAKE FORM**

DATE: \_\_\_\_\_ REFERRED TO HAC BY: \_\_\_\_\_

**I. PERSONAL INFORMATION - HOMEOWNER**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RACE:  Caucasian  Hispanic  American Indian/Alaskan Native  
 African-American  Asian/Pacific Islander  Other

GENDER:  Male  Female FOREIGN BORN:  Yes  No DISABLED:  Yes  No

VETERAN:  Yes  No 1<sup>ST</sup> TIME HOMEBUYER:  Yes  No HEAD OF HOUSEHOLD:  Yes  No

HOUSEHOLD TYPE:  Married with children  Married without children  Single adult(s)  Other  
 Female-headed single parent household  Male-headed single parent household

HOUSEHOLD SIZE: \_\_\_\_\_ NO. OF DEPENDENTS: \_\_\_\_\_ ←WHAT AGES: \_\_\_\_\_

EDUCATION:  Below High School Diploma  Some College/University  Bachelor's Degree  
 High School Diploma/Equivalent  Associate's Degree  Master's Degree or Doctorate

**II. INCOME INFORMATION (HOMEOWNER)**

EMPLOYER: \_\_\_\_\_ DATE OF START (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TITLE: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_

GROSS MONTHLY INCOME: Amount you make *before* taxes are taken out ..... \$ \_\_\_\_\_

NET MONTHLY INCOME: Amount you make *after* taxes are taken out ..... \$ \_\_\_\_\_

PAY CYCLE: (How often you get paid)  Every week  Every other week  Twice a month  Once a month

DO YOU RECEIVE SOCIAL SECURITY BENEFITS:  Yes  No MONTHLY BENEFIT AMOUNT: \$ \_\_\_\_\_  
DO YOU RECEIVE CHILD SUPPORT:  Yes  No MONTHLY BENEFIT AMOUNT: \$ \_\_\_\_\_  
GROSS ANNUAL HOUSEHOLD INCOME: Total yearly household income *before* taxes are taken out .... \$ \_\_\_\_\_

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**III. PERSONAL INFORMATION - CO-HOMEOWNER**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_  
SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
RELATION TO HOMEOWNER: \_\_\_\_\_  
RACE:  Caucasian  Hispanic  American Indian/Alaskan Native  
 African-American  Asian/Pacific Islander  Other  
FOREIGN BORN:  Yes  No GENDER:  Male  Female DISABLED:  Yes  No VETERAN:  Yes  No  
EDUCATION:  Below High School Diploma  Some College/University  Bachelor's Degree  
 High School Diploma/Equivalent  Associate's Degree  Master's Degree or Doctorate

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**IV. INCOME INFORMATION (CO-HOMEOWNER)**

EMPLOYER: \_\_\_\_\_ DATE OF START (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
TITLE: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_  
GROSS MONTHLY INCOME: Amount you make *before* taxes are taken out ..... \$ \_\_\_\_\_  
NET MONTHLY INCOME: Amount you make *after* taxes are taken out ..... \$ \_\_\_\_\_  
PAY CYCLE: (How often you get paid)  Every week  Every other week  Twice a month  Once a month  
DO YOU RECEIVE SOCIAL SECURITY BENEFITS:  Yes  No MONTHLY BENEFIT AMOUNT: \$ \_\_\_\_\_  
DO YOU RECEIVE CHILD SUPPORT:  Yes  No MONTHLY BENEFIT AMOUNT: \$ \_\_\_\_\_

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**V. MORTGAGE LOAN INFORMATION**

DATE OF HOME PURCHASE (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ AMOUNT YOU'VE ALREADY PAID FOR THE HOME: \$ \_\_\_\_\_  
HAVE YOU EVER REFINANCED:  Yes  No IF YOU HAVE, DATE OF REFINANCE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
WHO IS YOUR CURRENT LENDER: \_\_\_\_\_  
CURRENT INTEREST RATE: \_\_\_\_\_ %  Fixed  Adjustable IF ADJUSTABLE, MATURITY DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTHLY PAYMENT AMOUNT: Amount you paid *before* delinquency ..... \$ \_\_\_\_\_  
DOES THIS INCLUDE TAXES & INSURANCE:  Yes  No  Unknown

IS THERE A 2<sup>ND</sup> MORTGAGE ON THE PROPERTY:     Yes     No                      IF SO, WHAT IS  
CURRENT INTEREST RATE: \_\_\_\_\_ %     Fixed     Adjustable                      THE LOAN AMOUNT: \$ \_\_\_\_\_  
IF ADJUSTABLE,  
MATURITY DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**VI. DEFAULT / DELINQUENCY INFORMATION**

DATE OF LAST PAYMENT TO LENDER (Month/Year): \_\_\_\_\_ / \_\_\_\_\_    AMOUNT OF PAYMENT: \$ \_\_\_\_\_

WHAT MONTH(S) DID THIS PAYMENT COVER: \_\_\_\_\_

HOW MANY MONTHS ARE YOU DELINQUENT: \_\_\_\_\_    LAST TIME YOU SPOKE TO LENDER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DELINQUENCY AMOUNT: Amount you need to pay to bring the mortgage current..... \$ \_\_\_\_\_

BRIEFLY EXPLAIN REASON FOR DELINQUENCY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOUR TAXES ALSO IN DEFAULT:     Yes     No                      DO YOU HAVE HOMEOWNERS INSURANCE:     Yes     No

WHO IS YOUR HOMEOWNER'S INSURANCE PROVIDER: \_\_\_\_\_

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**VII. CONSENT - IMPORTANT: PLEASE READ THIS STATEMENT BEFORE SIGNING**

As a HUD certified counseling agency, we are required to use an automated client management system that interfaces with HUD. HUD will follow strict rules to protect your confidentiality. The personal data collected , such as name and address, are protected by the Privacy Act. You will never be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported. Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.

In connection with credit and budget counseling as part of the Foreclosure Intervention Program, I (We) the homeowner(s) hereby authorize all consumer-reporting agencies to furnish Housing America Corporation with reports and/or investigative consumer reports on myself and/or (us) the homeowner(s).

HOMEOWNER: \_\_\_\_\_                      DATE: \_\_\_\_\_

CO-HOMEOWNER: \_\_\_\_\_                      DATE: \_\_\_\_\_

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## **Housing America Corporation NFMC Privacy Policy Statement**

1. I understand that Housing America Corporation 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.
2. I understand that Housing America Corporation receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Housing America Corporation's Privacy Policy/Disclaimer Statement.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_