

send application send follow up letter

**Dakota County Community Development Agency
Mortgage Foreclosure Counseling - Phone Intake Form**

Date: _____

Referred by: Agency Friend/Relative Internet Lender Mailer/Brochure Newspaper Realtor

BORROWER INFORMATION

Borrower's Name: _____ Co-Borrower: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Type of HH: Single Parent—Male Single Parent—Female Single—No Dependents

2 Parent Household w/kids Ages: _____ 2 Adults, no kids

Race: _____ Age: _____ Disabled? Yes No

MORTGAGE INFORMATION

How far behind are you? _____ How much do you owe (past due)? \$ _____

Received letter from an attorney? Yes No Sheriff's sale date set? _____

1st Mortgage Co: _____ Pmt Amount: \$ _____ Loan balance: \$ _____

Refinance? Yes No Type of mortgage? FHA Conventional CD VA RD Other: _____

Taxes and insurance included? Yes No Annual property taxes: _____ Insurance: _____

Loan #: _____ Interest rate: _____ Fixed or adjustable? Fixed ARM

If ARM, what was the initial interest rate? _____ When did it reset to current rate? _____

2nd Mortgage Co: _____ Pmt Amount: \$ _____ Loan balance: \$ _____

Loan #: _____ Terms (interest rate, years): _____ Past due amount? \$ _____

Do you pay Association Dues? Yes No Payment Amount: \$ _____ Current? Yes No

REASON FOR DELINQUENCY

What caused you to fall behind on payments? _____

Have you talked to your mortgage company? Yes No If yes, what did they say? _____

Did anyone help modify your mortgage, either directly, through advertising, or by any other means such as a flyer? Yes No

If yes, 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

If yes, details: _____

PROPERTY INFORMATION

When did you purchase your home? _____ What was the purchase price? \$ _____
 County Assessed Value: \$ _____ Equity? Yes No If yes, how much? \$ _____

INCOME INFORMATION

Annual Household Income: \$ _____ Net Monthly Household Income: \$ _____
 Sources: Employment: \$ _____ Child Support/Alimony: \$ _____ SS/SSI: \$ _____
 Other: _____ Money saved to put towards past due amount? Yes No Amount: \$ _____
 Filed bankruptcy? Yes No If yes, when? _____ Chapter: 7 or 13
 Notes: _____

BUDGET

INCOME	NET MONTHLY AMOUNT	NOTES/COMMENTS
TOTAL MONTHLY INCOME		
EXPENSES	MONTHLY PYMT AMOUNT	NOTES/COMMENTS
1 st Mortgage		
2 nd Mortgage		
Property Taxes (if not escrowed)		
Homeowners Insurance (if not escrowed)		
Association Dues		
Utilities (incl. water/sewer/trash, electricity, gas, cable, phone, internet, cell phone)		
Transportation (incl. car payment, gas, insurance, repairs, public transit)		
Credit Cards		
Health Care (co-pays, prescriptions)		
Child Care		
Food & Household items		
Student Loans		
Pets		
Clothing		
Entertainment (movies, dining out)		
Other		
TOTAL MONTHLY EXPENSES		
NET SURPLUS / (LOSS)		