

REFINANCE/DEFAULT/FORECLOSURE INTAKE FORM

CUSTOMER INFORMATION

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____/_____/_____
Social Security Number Birth Date

Ethnicity (Please select **both** a "Race" category **and** "yes" or "no" for Hispanic Origin)

Are you Hispanic? (please circle): Yes No
 If Yes, 1. Cuban 2. Mexican 3. Puerto Rican 4. Other

Race (please circle):

- | | | |
|--------------------|---|---|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native |
| 4. Asian | 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White | 9. American Indian/Alaskan Native and Black |
| 10. Other | | |

Were you born OUTSIDE of the US? (please select one) : Yes No

Gender (please circle): Male Female

Disabled? Yes No

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College | 4. Bachelors Degree |
| 5. Masters Degree | 6. Above Masters Degree |

Are you currently filing for any type of bankruptcy? Yes No
 (Or have you filed in the past?)

If yes, when did it begin? _____

Are you a Veteran? Yes No

Referred to by (please circle all that apply):

- | | | | | |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank | Government | TV | Realtor |
| Staff/Board member | Walk-In | Friend | Radio | Newspaper Article |

If you were referred by a bank or realtor, which one? _____

If referred by another source not listed above, which one? _____

MORTGAGE INFORMATION*Please Print Clearly*

Type of Mortgage:	<input type="checkbox"/> 1 st Conventional Fixed <input type="checkbox"/> 1 st Conventional Adj <input type="checkbox"/> Purchase Money <input type="checkbox"/> Refinance <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Other: Explain:				
Interest Rate		Term of Mortgage			
Original Loan Amt		Year of Mortgage			
Address of Current Lender or Servicer:					
Phone:					
Fax:					
Contact Person:					
Loan Acct Num:					
Invester/Insurer:	<input type="checkbox"/> FHA <input type="checkbox"/> FannieMae <input type="checkbox"/> FreddieMac <input type="checkbox"/> VA <input type="checkbox"/> USDA/RHS				
PMI Insurer:					
P & I Portion		T & I Portion		Total Monthly Payment	
Months Behind:		Total Arrears including costs:		Pay-off Amt:	
Reason for Default:					
Curable?					
Client Statement of Objectives & Plan					
Other Notes/ Anticipated Changes					

OTHER DEBT INFORMATION*Please Print Clearly*

Wage Garnishing Pending	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Court Cases Pending	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Utility Shut Off	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Car Loan Defaults or Repossessions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tax Debts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other		
Notes/ Anticipated Change:		

ASSETS & RESOURCES*Please Print Clearly*

Savings	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Amount \$
Anticipated Tax Refunds	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Amount \$
Assets that can be sold	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Amount \$
Pension or Retirement Funds	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Amount \$
Other Assets & Notes:			

CUSTOMER EMPLOYMENT

Primary Employer: _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____ - _____ Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Secondary Employer: _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____ - _____ Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

AUTHORIZATION

I authorize TRIP, Inc./ Rensselaer County Housing Resources to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property; and
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes.

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.

Customer

Date



Co-Applicant

Date

For Internal Use Only

1. Have Clients attempted to workout on own? Result?
2. Has client filed Bankruptcy? When? If Pending, Current Status? If Complete, Result?
3. Other issues in interview?
4. Questions and/or open issues to be resolved: