



## Mortgage Foreclosure Prevention Program Intake Form

1954 University Ave W, St. Paul, MN 55104  
Phone and Fax: 612-305-7147  
[www.tchabitat.org/mfpp](http://www.tchabitat.org/mfpp)

Today's Date \_\_\_\_\_

### Reason for Call/Concern

\_\_\_\_\_  
\_\_\_\_\_

### Other Foreclosure Organization

Are you working with any other organization offering foreclosure services?  Yes  No

Organization: \_\_\_\_\_

### Authorization / Privacy Forms

Reviewed and signed Privacy Notice & Disclosure Forms:  Yes  No

### Demographic Information

Name: \_\_\_\_\_

Other name(s) / co-owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Children under 18:  Yes  No

Gender:  Male  Female

Are you a Veteran?  Yes  No

Were you born outside of the U.S?  Yes  No

Are you a single parent household?  Yes  No

Do you need a language assistance or an interpreter?  Yes  No

Your age? \_\_\_\_\_

Are you disabled?  Yes  No. Last four #s of SSN: \_\_\_\_\_

Highest education level completed:

- Some high school       some college or trade school       Bachelor's degree  
 High school diploma / GED       Associates degree       Graduate degree

Marital Status:     Single     Married     Divorced     Widow

Are you Active Military?     Yes     No

*Single Race*

- American Indian / Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Undisclosed

*Multiple Race*

- American Indian / Alaskan Native & White  
 American Indian / Alaskan Native & Black  
 Asian & White  
 Black or African American & White  
 Native Hawaiian/Other Pacific Islander & Black  
 Other multiple race: \_\_\_\_\_

Ethnicity:     Hispanic/Latino     Non-Hispanic/Latino

What is your household annual gross income (you can find this on last year's taxes)? \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Title/Position \_\_\_\_\_

Employer \_\_\_\_\_ Start Date \_\_\_\_\_ Title/Position \_\_\_\_\_

**Mortgage Information**

Mortgage company/servicer: \_\_\_\_\_ Investor: \_\_\_\_\_

Current Monthly payment: \$ \_\_\_\_\_ Interest Rate:     Fixed: Rate \_\_\_\_\_%     ARM: Rate \_\_\_\_\_%

If ARM: Rate prior to reset \_\_\_\_\_% Previous payment \$ \_\_\_\_\_

Term type (30 year, 20 year, 2/28, etc.): \_\_\_\_\_

Current Principal Balance: \_\_\_\_\_

Delinquency: # Months behind \_\_\_\_\_ Past Due Amount \$ \_\_\_\_\_

Have you been behind on this mortgage before?     Yes     No

Have you received a loan modification before?     Yes     No

Reason for falling behind on mortgage payments: \_\_\_\_\_  
\_\_\_\_\_

Have you talked to the mortgage company/servicer?     Yes     No    *If Yes, what was discussed:*

\_\_\_\_\_  
\_\_\_\_\_

Have you heard from a foreclosure attorney?     Yes     No

Is there a foreclosure sale (Sheriff's Sale) scheduled?  Yes  No If yes, date: \_\_\_\_\_

**Other Housing Expenses**

	Company	(#) Months Delinquent	Monthly Payment	(\$ Amount Delinquent
2 <sup>nd</sup> Mortgage:				
3 <sup>rd</sup> Mortgage:				
Homeowners Association:				

	Escrowed	(#) Months Behind	Monthly Amount	(\$ Amount Delinquent
Property Taxes:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	Escrowed	Policy lapsed?	Notice of Force-Placed?	(\$ Amount Delinquent
Homeowners Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Budget**

Complete Basic Monthly Budget (attached)

**Additional Information**

Do you wish to stay in your home?  Yes  No

Please list any other relevant information or steps taken to resolve the situation:

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## HECAT & HUD

### Housing Counseling Program Disclosure

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your Homeownership Advisor about arranging alternative accommodations.*

About Us and Program Purpose: **Twin Cities Habitat for Humanity** is a Non-Profit, HUD-approved housing counseling organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

**Foreclosure Counseling:** Assists homeowners who have fallen behind or are in danger of falling behind on their mortgage. Homeownership Advisors guide homeowners through workout options relevant to the particular situation. In cases where foreclosure is unavoidable, Homeownership Advisors help organize an effective exit strategy.

Organization Conduct: No **Twin Cities Habitat for Humanity** employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

Organization Relationships: **Twin Cities Habitat for Humanity** has a financial affiliation or professional affiliation

with the US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, Minnesota Homeownership Center, City of Minneapolis.

**It is our duty to inform you that Twin Cities Habitat for Humanity can and may receive payment for the following services:** Mortgage Foreclosure Prevention Program Counseling .

**Alternative Services, Programs and Products:** **Twin Cities Habitat for Humanity**, as appropriate, refers clients to other community service organizations. These organizations provide services such as emergency shelter, financial assistance, utility assistance and access to other locally available resources. While you may learn about the advantages/disadvantages of specific services, programs, and products during the education or counseling sessions, you are free to choose the services, programs, and products of your own choosing regardless of the recommendations made by the educator/counselor. You are not obligated to receive, purchase, or utilize any services offered or referred to by **Twin Cities Habitat for Humanity** to its partners.

It is your responsibility and based on decisions made of your own free will to determine which services, programs, or products best meet your needs.

Note: **Twin Cities Habitat for Humanity**: Provide a separate referral list appropriate for the type of counseling or include a brief list within this paragraph ( MN legal Aide for legal matters, Lutheran Social Service for debt consolidations, Family Means for Financial counseling, Build Wealth and other Major counties for financial assistance and etc.)

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, **Twin Cities Habitat for Humanity**, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with **Twin Cities Habitat for Humanity** funders such as HUD, the Minnesota Homeownership Center and/or the Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree **Twin Cities Habitat for Humanity**, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in **Twin Cities Habitat for Humanity** counseling; and I hereby release and waive all claims of action against **Twin Cities Habitat for Humanity** and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**I/we acknowledge that I/we received, reviewed, and agree to Twin Cities Habitat for Humanity Program Disclosure.**

\_\_\_\_\_  
Client Signature Date    Client Signature Date

\_\_\_\_\_  
Client Name (please print)    Client Name (please print)

**Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.**

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

\_\_\_\_\_  
Client Name Homeownership Advisor/Coach's Signature Date

**NOTE:** A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.



**Twin Cities Habitat for Humanity**  
**Mortgage Foreclosure Prevention Program**  
 1954 University Ave W, St. Paul, MN 55104  
 Phone and Fax: 612-305-7189  
<http://www.tchabitat.org/mfpp>

I/We hereby authorize **Twin Cities Habitat for Humanity (TCHFH), its agents or assigns** to verify my/our past and present employment earnings, records, past and present employment status, bank accounts, obligations, and all other financial matters. I/We also give my/our consent to contact my/our accountant, tax preparer, or the Internal Revenue Service, in the event my/our tax returns are needed to verify any reported income. I/We further authorize TCHFH, its agents or assigns to order a consumer credit report (free of charge), and verify other credit information, including past and present mortgages and contracts-for-deed. I/We also authorize TCHFH to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party listed in this authorization to include but not be limited to in person, via phone, via fax and via email. It is understood that a photocopy of this form will also serve as authorization. **This form will be good for 36 months from the date of signature unless I notify TCHFH in writing prior to the expiration of this period.**

Financial Institution Name:				
Financial Institution Loan Number:				
Applicant Name:				
Applicant Social Security Number:				
Co-applicant Name:				
Co-applicant Social Security Number				
Property Address (please complete below)				
House Number	Street and Unit	City	State	ZIP
Home Phone Number:				
Other Phone Number:				
Applicant Signature			Date	
Coapplicant Signature			Date	

For Counselor Use Only	
Counselor Name:	
Counselor Phone Number	
Counselor Email	
TCHFH Tax ID Number (last 4 digits):	



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**WHAT TO EXPECT**

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**The advisor will help you:**

- Understand the foreclosure and tax forfeiture processes so that you know what to expect and when
- Explore options available to you for prevention foreclosure

**Advisors are not able to prevent foreclosure or tax forfeiture in every situation but are committed to working with you so you can make the best decisions possible.**

**The advisor will work with you to understand:**

- The amount and cause of the mortgage default
- Your income and expenses by developing a budget
- Solutions to the cause of default and adjustments to your budget, as needed
- Your mortgage product and communication with your mortgage company
- Available options for preventing foreclosure or tax forfeiture including the pros and cons of each

**Together with the advisor you will develop an action plan with next steps.**

**ADVISOR COMMITMENT**

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**The advisor agrees to:**

- Provide you with factual information
- Complete any advisor action steps in a timely manner
- Make referrals to needed resources
- Provide services confidentially, honestly, and respectfully

**HOMEOWNER COMMITMENT**

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**You understand that in order for the advisor to provide you with the best possible service, you agree to:**

- Provide honest and complete information
- Provide all necessary documentation and complete action plan steps within the timeframe requested
- Notify the advisor immediately, preferably 6 hours before a scheduled appointment, if you will be unable to attend an appointment
- Be on time for scheduled appointment. If you are late for an appointment, the appointment will still end at the scheduled time and the advisor may need to reschedule
- Contact the advisor about any changes in your situation immediately

Applicant Name	Applicant Signature	Date
Co-applicant Name	Co-applicant Signature	Date
Advisor Name	Advisor Signature	Date

**MONTHLY BUDGET**

<b>Name:</b>		<b>Date:</b>	
<b>Address:</b>		<b>Counselor:</b>	
<b>A. Type Of Income</b>	<b>Notes</b>	<b>Net Income</b>	<b>Gross Income</b>
<b>Total Income</b>	Add Section A		
<b>B. Housing Expenses</b>	<b>Notes</b>	<b>Current</b>	<b>Balance</b>
1st Mortgage			
2nd Mortgage			
Property Taxes			
Homeowner's Insurance			
Association Dues			
<b>Total Housing Expenses</b>	Add Section B		
<b>C. Non Housing Expenses</b>	<b>Notes</b>	<b>Current</b>	<b>Balance</b>
Rent Paid at Your Primary Residence			
Total Mortgages Paid at Rental Properties			
Electric			
Heat / Gas			
Water / Sewer / Trash			
Phone			
Cable/Internet/Satellite			
Food / Groceries			
Auto Payment			
Gas / Oil for Auto / Bus Fare			
Auto Insurance and Maintenance			
Child Care			
Child Support / Alimony			
Health Insurance			
Out of Pocket Medication / Copays			
Home Maintenance and Supplies			
Toiletries and Household Supplies			
Other Insurance (Life, malpractice, etc)			
Personal Loans			
Credit Cards			
Tuition / Student Loan Payments			
Other			
<b>D. TOTAL NON HOUSING EXPENSES</b>	Add Section C		
<b>E. TOTAL EXPENSES</b>	Section B + C		
<b>F. TOTAL NET INCOME</b>	Section A		
<b>G. INCOME – EXPENSES</b>	Section F - E		





## HECAT & HUD Combined Privacy Act Notice

We at Twin Cities Habitat for Humanity value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by the Homeownership Education Counseling and Training (HECAT) Fund and United States Department of Housing and Urban Development (HUD): Homebuyer Education (Home Stretch & Pathways Home), Homebuyer Counseling, Home Equity Conversion Mortgage Counseling or Reverse Mortgage Counseling and Foreclosure Counseling. The HECAT funders include: Minnesota Housing, Minnesota Homeownership Center, Greater Minnesota Housing Fund, and the Family Housing Fund.

**Social Security Numbers**

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Homebuyer Counseling program if you refuse to provide your social security number. If you do not provide your social security number services to you may be more limited, but you will continue to be eligible to receive services we can provide without a social security number.

**Other Private Data**

Under Minnesota Statutes, your name and address are public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the HECAT funded programs listed above. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private information for the purposes of program management, compliance monitoring, research, and program evaluation to (check all that apply):

- Support homebuyer education
- Support homebuyer counseling
- Support reverse mortgage counseling
- Support foreclosure counseling

We collect your private information from the following sources: information that we receive from you on applications or other forms, information about your transactions with us, and information we receive from a consumer reporting agency.

We may disclose the following types of private information about you;

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, assets, debts, and income;
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency, such as credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified above and to other entities properly authorized under law to review it.

- Staff at this organization who need it to work on your case;
- HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, and the Homeownership Center;
- United States Department of Housing and Urban Development (HUD).

I acknowledge that I have received this notice and understand and agree to its content. Please indicate your acknowledgement with your signature, below.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Verbal acknowledgement is acceptable if information was provided to client in non face-to-face counseling session.**

The undersigned verifies that verbal acknowledgement has been given. The client was fully informed of the information contained herein and understood its nature.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**NOTE TO COUNSELOR:** we recommend sending a copy of the Combined Privacy Act Notice to clients who have given verbal acknowledgement of this notice. At a minimum, clients must provide public data (i.e. name and address) to receive HECAT services. If a client refuses to provide public data the Educator/Counselor may not provide HECAT services.