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|--|---|--|---|
| <b>Section I – Must be completed by client and co-client</b>   |   |  |   |
| Client Name (First, Middle Initial, Last):   |   | County:  |   |
| Street Address ( <b>do not</b> use PO Box):  | City:   | State:   | Zip:  |
| Home or Cell Phone Number:   | Email Address:  | <b>Gender:</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/>  |   |
| Years/months on current job:   | Marital Status: <input type="checkbox"/> Single<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:   | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Current Housing Situation:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent<br><input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family  | Are you a First-Time Homeowner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Do you consider yourself the Head of Household:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Total Number of Household Dependents:   | <input type="checkbox"/> I live in a rural area<br><input type="checkbox"/> Do not live in a rural area  |   |
| <b>Based on current household select appropriate answer:</b>   |   |  |   |
| Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>  |   | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not-Hispanic or Latino<br><input type="checkbox"/> Choose not to respond   |   |
| If not English, preferred language: _____  |   |  |   |
| <b>Single Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Choose Not to Respond   | <b>Multi-Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White<br><input type="checkbox"/> Asian <b>and</b> White<br><input type="checkbox"/> Black/African American <b>and</b> White<br><input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American<br><input type="checkbox"/> Other Multiple Race<br><input type="checkbox"/> Choose Not to Respond |  | <b>Head of Household Type:</b><br><input type="checkbox"/> Single adult<br><input type="checkbox"/> Female-headed single parent<br><input type="checkbox"/> Male-headed single parent<br><input type="checkbox"/> Married without children<br><input type="checkbox"/> Married with children<br><input type="checkbox"/> Two or more unrelated adults<br><input type="checkbox"/> Other |
| <b>Education:</b><br><input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> GED<br><input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> High School Diploma<br><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> No High School Diploma |   |  |   |

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|--|---|--|------|
| Co-Client Name (First, Middle Initial, Last):  |   | County:  |      |
| Street Address ( <b>do not</b> use PO Box):  | City:   | State:   | Zip: |
| Home or Cell Phone Number:   | Email Address:  | <b>Gender:</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/>  |      |
| Years/months on current job:   | Marital Status: <input type="checkbox"/> Single<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:   | Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No |      |
| Current Housing Situation:<br><input type="checkbox"/> Own <input type="checkbox"/> Rent<br><input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family  | Are you a First-Time Homeowner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No  |      |
| <b>Based on current household select appropriate answer:</b>   |   |  |      |
| Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>  |   | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not-Hispanic or Latino<br><input type="checkbox"/> Choose not to respond   |      |
| If not English, preferred language: _____  |   |  |      |
| <b>Single Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Choose Not to Respond   | <b>Multi-Race:</b><br><input type="checkbox"/> American Indian/Alaskan Native <b>and</b> White<br><input type="checkbox"/> Asian <b>and</b> White<br><input type="checkbox"/> Black/African American <b>and</b> White<br><input type="checkbox"/> American Indian/Alaska Native <b>and</b> Black/African American<br><input type="checkbox"/> Other Multiple Race<br><input type="checkbox"/> Choose Not to Respond |  |      |
| <b>Education:</b><br><input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> GED<br><input type="checkbox"/> Master's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> High School Diploma<br><input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> No High School Diploma |   |  |      |

| Section II – Current Homeowner(s) ONLY  |   |  |  |
|---|---|--|--|
| Do you currently have a MSHDA Mortgage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Have you received Step Forward Assistance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Name of Originating Lender (if available):  |   | Original Loan Number (if available):   |  |
| Name of Current Servicer (if available):  |   | Loan number assigned by Servicer:  |  |
| When did you purchase your home?  |   | Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If not, list previous address(es):                                |  |
| Does your name appear on:<br><input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract  |   | Total Monthly Payment (including Taxes & Insurance):   |  |
| <b>Select type of loan product:</b><br><input type="checkbox"/> Fixed rate currently under 8%<br><input type="checkbox"/> Fixed rate currently 8% or greater<br><input type="checkbox"/> ARM currently under 8%<br><input type="checkbox"/> ARM currently at 8% or greater<br><input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months<br><input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months<br><input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months<br><input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months.<br><input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months<br><input type="checkbox"/> I don't know |   |  |  |
| If type of loan is an ARM, has the interest rate already reset?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Do you have a second mortgage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Current status of Loan:</b><br><input type="checkbox"/> Current<br><input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late<br><input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late   |   | <b>Have you filed bankruptcy in the past two years?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Have you had a Credit Report pulled within the last 6 months:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Is your mortgage delinquent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, amount delinquent?</b><br>\$  | <b>Are your property taxes delinquent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, amount delinquent?</b><br>\$ | <b>Is your homeowner's insurance delinquent?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, amount delinquent? \$</b>                                 |  |
| <b>Select primary reason for default:</b><br><input type="checkbox"/> Reduction in income <input type="checkbox"/> Increase in Loan Payment <input type="checkbox"/> Business Venture Failed<br><input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Medical Issues <input type="checkbox"/> Divorce/Separation<br><input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Death of Family Member <input type="checkbox"/> Other  |   |  |  |
| <b>What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?</b>   |   | <b>Do you feel that you have recovered from the situation?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| <b>Have you been notified of a date for a Sherriff's Sale?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | <b>Has there been a Sherriff's Sale of this property?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, what is/was the date of the Sherriff's Sale?</b> |  |
| <b>Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | <b>If yes, please provide attorney name and contact information?</b>   |  |
| <b>If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:</b>   |   |  |  |
| Address:  | City:   | State:   | Zip:   |
| Phone:  | Fax:  | Email:   |  |

**Section III – Must be completed by client.**

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

**Income sources include:** Wages, Worker’s Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

**Total Monthly Income: \$**

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

**Total Monthly Debt: \$**

**Based on your housing needs/goals do you believe you have been discriminated against?**

Yes  No

**Do you believe you have been a victim of Predatory Lending?**

Yes  No

**What is the main purpose for contacting our agency:**

Homelessness Assistance

Home Maintenance and Financial Management

Rental Topics

Reverse Mortgage

Purchase/Home Purchase

Resolving/Preventing Mortgage Delinquency or Default

**How did you learn about MSHDA’s Housing Education Program?**

MSHDA Outreach

HUD Outreach

Agency Outreach

Another Person

Lender

Another Agency

Real Estate Agent

Other:

**Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?**

Yes  No

**Would you like to be referred to a MSHDA approved lender?**

Yes  No

**Section IV – Must be signed and dated by client and co-client.**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section V – For Agency Use Only**

Agency Name:

Agency Phone Number:

Agency Staff Name:

Received by Agency (Intake Date):

Unique Client ID #: