

All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Homeowner (A) Signature

Date

Homeowner (B) Signature

Date

	HOMEOWNER A	HOMEOWNER B
Address	_____	_____
Property Address	_____	
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Social Security #	_____	_____
Date of Birth	_____	_____

HOUSEHOLD INFORMATION

Total Number in Household _____

Number of Adults Over 18 _____

Number of Children _____

Ages of Children _____

PROPERTY INFORMATION

Type of Property Single Family Townhouse Cooperative Other

2-4 Unit Condo Mobile Home

Property Condition Excellent Good Fair Poor

Year Built _____

Date Purchased _____

Number of Refinances _____

Tax Assessed Value _____

Currently for Sale? Yes No

List Price _____

Real Estate Agent's Name _____

Real Estate Firm _____

Real Estate Agent's Phone _____

Real Estate Agent's Email _____

Time on Market _____

MORTGAGE INFORMATION

	FIRST MORTGAGE	SECOND MORTGAGE	THIRD MORTGAGE
LOAN INFO			
Mortgage Holder			
Monthly Payment			
Date of Loan			
Loan Account Number			
Delinquent Amount			
Outstanding Balance			

LOAN TYPE			
Sub-Prime			
FHA			
VA			
Contract for Deed			
Other			

LOAN TERMS			
Fixed Rate			
Adjustable Rate			
Other			

ESCROW ACCOUNT INFO			
Taxes Escrowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Due Taxes			
Insurance Escrowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Due Insurance			

HOMEOWNER ASSOCIATION (HOA) INFO			
Name of HOA			
Monthly Assessment			
Paid Through Date			
Amount Outstanding			

PREVIOUS WORKOUTS			
Type of Workout			
Date of Workout			
Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What caused you to call our office?

What caused your situation?

What steps have you taken to fix your financial situation? *(Attach additional page or write on back if more space is needed.)*
