



FORECLOSURE INTERVENTION APPLICATION & INTAKE FORM

HOME OWNER INFORMATION

Referral Source _____

Date _____ Housing Counselor _____

Customer (A) _____

Customer (B) _____

Address _____

City _____ State _____ Zip Code _____

Property Address if different _____

Residence Type Single Family Multiple Unit Condo or Co-op

Purchased Home Date _____ Home Phone _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____ Email Address (B) _____

Number of Adults Over 18 _____ Number of Children _____ Ages _____

Customer (A) SSN _____ Customer (B) SSN _____

Customer (A) DOB _____ Customer (B) DOB _____

Customer (A) Race _____ Customer (B) Race _____

Customer (A) Ethnicity _____ Customer (B) Ethnicity _____

Customer (A) Employer _____ Title _____ How Long? _____

Customer (B) Employer _____ Title _____ How Long? _____

Special Population HIV/AIDS Disability US Veteran Over 65 Single Parent

Marital Status _____

560 Delaware Avenue, Suite 101 - Buffalo NY 14202 - Phone 716.856.2952 - Fax 716.856.4639





Customer (A) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Customer (B) Gross Monthly Income(s) \$ _____ Net Monthly Income \$ _____

Percent AMI _____

Other household Income	Amount per month
Social Security /SSI / SSDI	\$ _____
Child or Spousal support received	\$ _____
Unemployment compensation	\$ _____
Workers disability compensation	\$ _____
Veterans Benefits	\$ _____
Monies from rental properties	\$ _____
Children's wages	\$ _____
Food Stamps	\$ _____
MFIP	\$ _____
Child care assistance	\$ _____
Housing assistance	\$ _____
TOTAL HOUSEHOLD INCOME	\$ _____

1ST MORTGAGE COMPANY

Name: _____ Interest Rate _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

TYPE OF LOAN: (Please check all that apply)

_____ FHA _____ VA _____ RURAL DEVELOPMENT

_____ ASSUMED _____ CONTRACT FOR DEED

_____ Insured CONVENTIONAL _____ Uninsured CONVENTIONAL

_____ MOBILE HOME LOAN (age of home: _____)

TERMS OF LOAN: _____ FIXED RATE _____ ADJUSTABLE RATE

_____ 30 YEAR MTG _____ 15 YEAR MTG

560 Delaware Avenue, Suite 101 - Buffalo NY 14202 - Phone 716.856.2952 - Fax 716.856.4639





HomeFront, Inc.

THE HOMEOWNERSHIP CENTER

Are Taxes and Insurance included in your mortgage payment? YES NO

If NO. Are your Taxes current: YES NO

Is your Insurance current: YES NO

2nd MORTGAGE COMPANY

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

Interest Rate: _____

ASSOCIATION DUES OR 3RD MORTGAGE

Name: _____

Normal monthly payment: \$ _____

Last month a payment was sent and accepted: _____

Total amount outstanding: \$ _____

Interest Rate: _____





HOUSEHOLD ASSETS:

Description	Value / Amount	Amount owed if any
Automobile #1		
Automobile #2		
Automobile #3		
Cash on Hand over \$100		
Checking account		
Savings account		
Boats / wet bikes		
Money Market Funds		
Computers		
RV/ Recreational homes		
IRA / 401k		
Motorcycles / Snowmobile		
Stocks/bonds/ CDs/Annuities		
Farm equipment		
Other property		
Trailers		
Other_____		
Anticipated tax refunds		

This is an accurate list of available household assets.

Signature Date

Signature Date

560 Delaware Avenue, Suite 101 - Buffalo NY 14202 - Phone 716.856.2952 - Fax 716.856.4639



