

## FORECLOSURE INTAKE CHECKLIST

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

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Salary: \_\_\_\_\_/mo.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

1. Full address of property being foreclosed: \_\_\_\_\_  
\_\_\_\_\_

2. Description of property (circle one):    House            Mobile Home            Vacant Lot  
If property is a mobile home, is the mortgage on the mobile home and the lot? YES NO

3. Is your name on the deed? YES NO    If no, then who is? \_\_\_\_\_

4. Is anyone else on the deed with you? YES NO

5. Do you live on the property? YES NO

If no, why not? \_\_\_\_\_

6. When did you buy the property? \_\_\_\_\_

7. How much did you pay for the property? \$\_\_\_\_\_ Current value (if known)? \$\_\_\_\_\_

8. Loan information:

a) Name of Mortgage Company? \_\_\_\_\_

b) Monthly payment amount? \$\_\_\_\_\_ Loan balance (if known)? \$\_\_\_\_\_

c) Number of payments past due? \_\_\_\_\_ When was last payment made? \_\_\_\_\_

d) Have your payments ever been refused? YES NO

e) Term of mortgage (in months) \_\_\_\_\_

f) Interest rate \_\_\_\_\_; Is the interest rate, (circle one) fixed adjustable

g) Does the mortgage include escrow for taxes and insurance? YES NO

If no, then are you current on your taxes and homeowner's insurance? YES NO

h) Is this a re-finance? YES NO

If yes, when was the last refinance? \_\_\_\_\_

Has there been more than one refinance; and, if so, when? \_\_\_\_\_

If yes, did you get cash out at closing? YES NO How much? \_\_\_\_\_

If you got cash out at closing, what was it used for \_\_\_\_\_

i) Do you have a second mortgage? YES NO

If yes, are you current on that mortgage? YES NO

j) List all names on mortgages: \_\_\_\_\_

9. What is the name of the person/company threatening to sue you? \_\_\_\_\_
10. Have you been served with legal papers? YES NO
11. If yes, what date did you receive them? \_\_\_\_\_
12. If served, what date is the answer due? \_\_\_\_\_
13. Is this the first time you have been sued on this property? YES NO N/A
14. Why are your payments behind? \_\_\_\_\_
15. Is this the first time you have been behind on your payments? YES NO
16. Has your lender ever accepted late or partial payments? YES NO
17. Do you disagree with the amount claimed to be owed? YES NO
- If yes, why? \_\_\_\_\_
- If yes, do you have records of payments made? \_\_\_\_\_
18. Have you tried to resolve the situation with the mortgage company? YES NO
19. Do you want to keep the property? YES NO
20. Can you now or will you soon be able to make regular payments? YES NO
21. Is your mortgage insured by: HUD FHA VA NONE
- (If yes, please circle)
22. Do you have a copy of all your mortgage documents? YES NO
23. List the approximate amount of your other debts \$ \_\_\_\_\_
24. Have you been sued by a creditor before? YES NO
- If yes, what creditor? \_\_\_\_\_ When? \_\_\_\_\_
25. Do you have any judgments against you? YES NO
- If yes, please describe \_\_\_\_\_
- \_\_\_\_\_ .
26. Have you ever filed for bankruptcy? YES NO
- If yes, when and what happened? \_\_\_\_\_
- \_\_\_\_\_ .

**PLEASE ESTIMATE YOUR MONTHLY EXPENSES**

**(average to reach a monthly amount)**

<b>EXPENSES</b>	<b>AMOUNT</b>
Rent or mortgage payments	\$
Lot rent if you own a mobile home but not the land	\$
Utilities (electricity, gas, water, sewer)	\$
Cable/Satellite/Internet	\$
Telephone, cell phone	\$
Home security, home maintenance	\$
Food	\$
Tobacco, alcohol	\$
Clothing, laundry, dry cleaning	\$
Haircuts/nail care/personal grooming	\$
Medical and dental expenses	\$
Transportation (gas, oil, repairs, tags, registration)	\$
Recreation, entertainment, subscriptions	\$
Charitable contributions	\$
Property taxes (if not included in mortgage payment)	\$
Homeowner's insurance (if not included in mortgage payment)	\$
Life Insurance (not deducted from paycheck)	\$
Health Insurance (not deducted from paycheck)	\$
Auto Insurance	\$
Other Insurance (specify):	\$
Income taxes (not deducted from paycheck)	\$
Car payments	\$
Other installment payments (specify):	\$
Child care, tuition, children's activities	\$
Alimony, maintenance and support	\$
Other expenses (specify)	\$
<b>TOTAL</b>	\$

Intake Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_