



# Foreclosure Prevention Pro Bono Project Foreclosure Solutions Workshop



Phone: (410) 837-9379  
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Phone: (410)706-0174  
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## Confidential Intake Summary

**\*\*All information on this form is confidential and will not be released or discussed with anyone without your written authorization. This information will be used only to follow up with you or provide a referral to you. \*\***

**Please complete this form and return it to the attorney assisting you today.  
PLEASE PRINT CLEARLY**

<b>Volunteer Attorney Name</b> <small>(to be filled in by the volunteer attorney at the start of the consultation)</small>	
Your Name	Today's date
If you are not a borrower on the loan, what is your relationship to the borrower?	
<b>**Daytime phone numbers</b>	
Property Address (include city and zip code)	County
<b>List all</b> names on title of the property	<b>List all</b> names on Note
Age of borrower	Age of Co-borrower

<p><b>Check ALL that apply:</b></p> <p><input type="checkbox"/> The above address is my primary residence.</p> <p><input type="checkbox"/> I still live in the primary residence.</p> <p><input type="checkbox"/> I do not own another property or time share.</p> <p><input type="checkbox"/> I am not currently represented by an attorney in a matter regarding the property (such as bankruptcy, divorce, or estate matter).</p> <p><input type="checkbox"/> I have received a letter or notice from my lender or my lender's attorney threatening foreclosure.</p>
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<p><b>Are you working with a housing counselor?</b> <input type="checkbox"/> Yes, currently <input type="checkbox"/> Previously <input type="checkbox"/> No</p> <p>Name of counselor and agency _____</p> <p>Phone number of agency _____ Date of last contact _____</p> <p>What was the result? _____</p> <p><b>Are you working with anyone else regarding your mortgage?</b> <input type="checkbox"/> Yes, currently <input type="checkbox"/> Previously <input type="checkbox"/> No</p> <p>Name of individual and/or company _____</p> <p>Phone number of individual and/or company _____ Date _____</p> <p>Paid up-front fees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____</p> <p>What was the result? _____</p>
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Is the property vacant?  Yes  No  
 If you are no longer living in the property, please explain why you moved. \_\_\_\_\_  
 \_\_\_\_\_

Have you filed Bankruptcy?  Ch. 13  Ch. 7 Date Filed \_\_\_\_\_  No  
 If yes, is the house included in the Bankruptcy?  Yes  No  
 Status of Bankruptcy  Active  Discharged  Voluntarily Dismissed  Involuntarily Dismissed  
 Discharge or Dismissal Date \_\_\_\_\_

If you are **currently** represented by an attorney, please provide name and phone number of the attorney \_\_\_\_\_  
 Type of **current** representation  Bankruptcy  Mortgage Default  Divorce  Estate matter involving the property  Other (explain) \_\_\_\_\_

**Check ALL that you have received and provide dates:**

Letter or notice from lender or lender's attorney about foreclosure dated \_\_\_\_\_  
 Notice of Intent to Foreclose dated \_\_\_\_\_  
 Order to Docket with documents filed in Circuit Court. I received these documents on \_\_\_\_\_  
 Letter that my home will be sold at auction on \_\_\_\_\_  
 My home was sold at auction on \_\_\_\_\_ It was purchased by \_\_\_\_\_  
 Report of Sale dated \_\_\_\_\_  
 Motion for Judgment Awarding Possession Prior to Ratification \_\_\_\_\_  
 Motion for Judgment Awarding Possession \_\_\_\_\_  
 Letter or Notice stating that you must move? If yes, from whom? \_\_\_\_\_  
 Move out date \_\_\_\_\_  
 Notice of Eviction from the Sheriff Eviction date \_\_\_\_\_

**Check ALL types of liens that apply:**

First Mortgage  Lien for unpaid condo or homeowners association fees amount \$ \_\_\_\_\_  
 Second Mortgage  Tax liens Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_  
 Home Equity Line of Credit  Tax liens Local government \$ \_\_\_\_\_  
 Other types of liens Amount \$ \_\_\_\_\_ (explain) \_\_\_\_\_

Plaintiff or defendant in any court action, excluding foreclosure and traffic issues?  Yes  No  
 Describe \_\_\_\_\_  
 \_\_\_\_\_

Year I bought my home \_\_\_\_\_  
 Number of Household Residents \_\_\_\_\_ Number of Adults \_\_\_\_\_ Age(s) of Children \_\_\_\_\_

**Check all that apply:**

**I want to:**  
 **Keep my home.**  
 **Sell my home.**

**I need help to:**  
 **Negotiate a loan modification for my**  **first mortgage**  **second mortgage.**  
 **Negotiate time to sell my home.**  
 **Negotiate a short sale of my home. Home will only sell for less than amount owed on mortgages.**  
 **Obtain more time before I have to move out of my home.**  
 **Other (be specific)** \_\_\_\_\_

**Complete the information requested on the following pages for each mortgage or line of credit that you have against the property, even if you are current on your payments.**

**Homeowner's Name:** \_\_\_\_\_

**The following information refers to my:** (CHECK ONLY ONE)

First Mortgage    Second Mortgage    Home Equity Line of Credit

I send my mortgage payments to	Current interest rate %	Current monthly payment \$
Loan date	Term: <input type="checkbox"/> 30 years <input type="checkbox"/> 20 years <input type="checkbox"/> 15 years <input type="checkbox"/> Other	Amount borrowed (amount on Note) \$ _____
Loan was <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	Approximate current loan balance: \$ _____	
<b>If a refinance, reason</b> <input type="checkbox"/> Lower monthly payment <input type="checkbox"/> Consolidate bills <input type="checkbox"/> Refinanced to avoid foreclosure <input type="checkbox"/> Other (explain) _____		
<b>Current payment arrangements</b> <input type="checkbox"/> Payments as per Note <input type="checkbox"/> Written forbearance agreement <input type="checkbox"/> Loan modification <input type="checkbox"/> Verbal repayment plan <input type="checkbox"/> Mortgage company won't accept payments		
<b>Payment includes</b> <input type="checkbox"/> Principal <input type="checkbox"/> Interest <input type="checkbox"/> Taxes <input type="checkbox"/> Homeowners Insurance <input type="checkbox"/> Not Sure <input type="checkbox"/> Lender Placed Insurance		
<b>Loan Payment Status</b> <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121 days late or greater <input type="checkbox"/> In foreclosure		
***Amount saved towards arrears \$ _____		
Most recent mortgage payment was made on _____ (date) Amount paid \$ _____		
<b>Check ALL that apply:</b> Condo or home owner's association (HOA) dues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current <input type="checkbox"/> In arrears \$ _____		
<b>Reason for default/ anticipated default</b> <input type="checkbox"/> Reduction in income <input type="checkbox"/> Loss of income (unemployment) <input type="checkbox"/> Interest rate increase <input type="checkbox"/> Unaffordable from the beginning <input type="checkbox"/> Medical expenses <input type="checkbox"/> Divorce expenses <input type="checkbox"/> Paying other debt instead of mortgage (car loans, credit cards, etc.) <input type="checkbox"/> Other (explain) _____		
<b>Loan Features (Check all that apply)</b> <input type="checkbox"/> Adjustable Rate Mortgage (ARM) <input type="checkbox"/> 2/28 <input type="checkbox"/> 3/27 <input type="checkbox"/> Interest only for ____ (number of years) <input type="checkbox"/> Fixed rate <input type="checkbox"/> Payment option ARM/Pick a Payment <input type="checkbox"/> Balloon <input type="checkbox"/> Prepayment penalty <input type="checkbox"/> Not sure <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA		
Have you contacted your mortgage company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was their response? _____		
Is the house currently on the market? <input type="checkbox"/> No <input type="checkbox"/> Yes Date placed on the market _____ Asking Price \$ _____ Is this a short sale? <input type="checkbox"/> Yes <input type="checkbox"/> No   Any offers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If home is not on the market, approx. current market value of home \$ _____ Based on <input type="checkbox"/> Recent sale of similar property in my neighborhood <input type="checkbox"/> Real estate agent <input type="checkbox"/> Appraisal within the last 3 months <input type="checkbox"/> Other _____		



Borrower(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

**A.**

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
1 <sup>st</sup> Mortgage	
Property Taxes (if not included in 1 <sup>st</sup> mortgage payment)	
Homeowners Insurance (if not included in 1 <sup>st</sup> mortgage payment)	
2 <sup>nd</sup> Mortgage	
Condo/Homeowner Association Fees	
Gas & Electric	
Heating Oil	
Water & Sewer	
Telephone	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony / Child Support	
Alarm System	
Other/Minimum Credit Card Payment from Section C	
<b>Sub-Total FIXED Expenses:</b>	

**B.**

<u>Other MONTHLY Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical/Prescriptions	
Day Care	
Cable TV/Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
<b>Sub-Total OTHER expenses</b>	

<b>Total Monthly Expenses</b>	
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Borrower's Occupation \_\_\_\_\_

Borrower's Monthly Income

Gross Monthly Income "GMI"	Net Income (after taxes and deductions)
\$ _____	\$ _____

Co-borrower  Yes  No

Spouse or Partner's Occupation \_\_\_\_\_

Spouse or Partner's Income

Gross Monthly Income	Net Income (after taxes and deductions)
\$ _____	\$ _____

Other Household Income Non-Borrower

Gross Monthly Income	Net Income (after taxes and deductions)
\$ _____	\$ _____

Describe

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Total Borrower(s) GMI \$ \_\_\_\_\_

31% of GMI \$ \_\_\_\_\_

Total Household GMI \$ \_\_\_\_\_

31% of Household GMI \$ \_\_\_\_\_

**C. Credit Cards and Other Debt**

Creditor Name	Payment	Balance
<b>Total</b>	\$ _____	\$ _____

**D. Monthly Surplus/Deficit**

Total NET Monthly Household Income	\$ _____
Subtract Total Monthly Expenses	\$ _____
Monthly Surplus or Deficit	\$ _____

Client's Signature: \_\_\_\_\_

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

